

2015 Connecticut CPA Firm Permit to Practice Renewal Form

Complete and return both pages of this form **no later than December 31, 2014** (2013 permit expires 12/31/2014). ***After December 31, 2014 you must submit form SBA-6.

Firm Name and Address:

For Board Office use only!

Check No. _____

Transaction Date _____

Amount Received _____

CC # _____

Permit Number: _____

1. DETERMINE WHETHER THE FIRM WILL BE RENEWING, CHECK THE APPROPRIATE BLOCK.
FIRM STATUS:

- I choose to Renew the above named firm, there is no changes the name of the firm or changes in the form of the practice. (if your firm has a name change or a change in the form of practice you must download from our website www.sots.ct.gov form SBA-6 instate or SBA-6a if out of state firm to renew your firm.
- I choose not to renew this firm and would like to terminate the firm permit to practice / or I am relocating and will no longer provide public accounting services to Connecticut Clients.
Note: you must notify the board by e-mail at sboa@ct.gov or by letter addressed to the State Board of Accountancy, 30 Trinity Street, Hartford, CT 06106 stating the reason for becoming inactive.

2. IF YOU ARE RENEWING, DETERMINE WHETHER THE FIRM IS REQUIRED TO PAY THE RENEWAL FEE, AND CHECK THE APPROPRIATE BLOCK.
FEE: IF MORE THAN ONE PERSON in the Firm holds a CPA Certificate, a \$150.00 fee must be paid. (Even if only one has a license)

- The above named firm is comprised of **more than one person** who holds a CPA Certificate, \$150.00 renewal fee is enclosed.
- The above named firm is comprised of **one person** who holds a CPA Certificate, **no fee is required.**

3. PROVIDE THE OTHER JURISDICTIONS IN WHICH THE FIRM IS PRACTICING PUBLIC ACCOUNTANCY, CHECK ALL THAT APPLY. (Permit holders are required to notify the Connecticut State Board of Accountancy, in writing, within thirty days after its occurrence, any issuance, denial, revocation or suspension of a license by another state.)

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|---------------------------------------|-----------------------------------|--------------------------------------|--|--|---------------------------------------|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Delaware | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont | <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Wyoming | <input type="checkbox"/> Guam | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> US Virgin Is. | <input type="checkbox"/> Washington DC | | | |

4. PLEASE LIST EACH CONNECTICUT OFFICE AND PROVIDE THE NAME AND LICENSE NUMBER OF THE INDIVIDUAL IN CHARGE. (Permit holders are required to notify the Connecticut State Board of Accountancy, **in writing**, within thirty days of any change of e-mail, phone number or location of offices within this state, and change in the identity of the persons in charge of such offices.) (Please attach separate sheet if necessary)

<p>Office address: _____</p> <p>Individual in charge: _____ (name)</p> <p>License No: _____</p> <p>Last Four digits of Social Security Number _____</p> <p>PH No. () - FAX No. () -</p> <p>Email address: _____</p>	<p>Office address: _____</p> <p>Individual in charge: _____ (name)</p> <p>License No: _____</p> <p>PH No. () - FAX No. () -</p> <p>Email address: _____</p>
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