



John R. Kasich, Governor  
 John E. Patterson, Executive Director

**2017 LATE FIRM REGISTRATION RENEWAL APPLICATION-FIRMS NOT PERFORMING ATTEST SERVICES**

**All public accounting firms in Ohio engaged in tax practice, consulting, etc. and that use the "CPA" or "PA" designation with the firm name must register with the Board.** Any public accounting firm in Ohio that performs attest services, such as compilations, reviews, audits, and attestation engagements, must register with the Board as an Attest firm and is required to undergo peer review. Please read Ohio Revised Code sections 4701.01 and 4701.04 and Ohio Administrative Code 4701-13-01 through 4701-13-11 and 4701-7-04.

<b>Fee Schedule After</b>	<b>8/31/17</b>	<b>12/01/17</b>
Firms with (1-4) licensees---->	<b>\$180.00</b>	<b>\$330.00</b>
Firms with (5-9) licensees---->	<b>\$390.00</b>	<b>\$720.00</b>
Firms with (10 or more) licensees--->	<b>\$930.00</b>	<b>\$1,800.00</b>

**The Board does not abate late fees.**

**Renewal checklist: Put N/A ("Not applicable") in front of any item that does not apply to your firm.**

- \_\_\_ **Late Renewal fee:** Make check payable to: Treasurer, State of Ohio.
- \_\_\_ List of names, addresses, and CPA/PA numbers of all owners of the firm. Place an asterisk\* behind the last name of any non-CPA/PA owner.
- \_\_\_ List of names, addresses, and CPA/PA numbers of all employees of the firm. Place an asterisk\* behind the last name of any non-CPA/PA employee.
- \_\_\_ Copy of the firm's letterhead, including the mailing address, telephone number, and contact person for each Ohio office.
- \_\_\_ Signed statement, if the firm is a limited liability entity, that the firm possesses adequate professional liability insurance per rule 4701-13-01.
- \_\_\_ Please check here and include a Peer Review Exemption form with this application if the firm is requesting exemption from peer review requirements per division (J) of section 4701.04 of the Revised Code.
- \_\_\_ Signed statement that the firm is in compliance with divisions (C) and (D) of section 4701.04 of the Ohio Revised Code.

Name of Firm: \_\_\_\_\_ Firm ID number \_\_\_\_\_

Name of Chief Executive Officer: \_\_\_\_\_ Licensee ID number \_\_\_\_\_

Name of Contact Person if different from above: \_\_\_\_\_

E-mail Address _____			Telephone _____		
Address: _____ Mailing Address			Street Address (Physical Address)		
City _____	State _____	Mailing Zip _____	City _____	State _____	Street Zip _____

***I hereby state that to the best of my knowledge and belief, all information contained in this application, as well as the accompanying attachments, is true, accurate, and complete.***

PRINTED NAME and TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_