



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

2016 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.

Fee Schedule After	8/31/16	12/01/16
Firms with (1-4) licensees---->	\$180.00	\$330.00
Firms with (5-9) licensees---->	\$390.00	\$720.00
Firms with (10 or more) licensees--->	\$930.00	\$1,800.00

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)

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