

Fee Schedule:

## ACCOUNTANCY BOARD OF OHIO

77 SOUTH HIGH STREET, 18TH FLOOR COLUMBUS, OHIO 43215-6128

PHONE: 614.466.4135 FAX: 614.466.2628

WWW.ACC.OHIO.GOV

after 01/31/13

JOHN E. PATTERSON, EXECUTIVE DIRECTOR

Late Fees: after 07/31/13

## 2013 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS NOT PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that do not perform any financial reporting services (i.e., firms engaged in tax practice, consulting, etc.) and that use the "CPA" or "PA" designation with the firm name must register with the Board and use this renewal application. All public accounting firms in Ohio that perform attest services, such as compilations, reviews, audits, and attestation engagements, must also register with the Board and use the renewal application for attest firms. Please read the applicable law (Ohio Revised Code sections 4701.01 and 4701.04) and rules (Ohio Administrative Code rules 4701-13-01 through 4701-13-11 and 4701-7-04). The accountancy law and Board rules are available on our Web site.

Firms with (1-4) licensees Firms with (5-9) licensees	>	\$30.0 \$30.0		add \$150.00 add \$360.00	add \$300.00 add \$720.00	
Firms with (10 or more) licensees	>	\$30.0	0>	add \$900.00	add \$1,800.00	
Make check payable to: <u>Treasurer, S</u> late fees.	tate of Ohio.	The renewa	l deadline is Jul	y 31, 2013. The B	oard will not abate	
Renewal checklist: (Put N/A ("No	ot applicable	") in front of	any item that o	does not apply to y	our firm.)	
<ul><li>Renewal fee of the \$30.00.</li><li>List of names, addresses, a</li><li>List of all owners of the fire</li></ul>						
owners. Copy of the firm's letterhead i office.	_	-	•	•		
Signed statement, if the firm i insurance per rule 4701-13-01  If the firm is requesting an ex Revised Code, please check the A signed statement that the firm Code. (This can be on the firm Code.)	L. (This can be emption from the his line and sub frm is in compli	on the firm's the peer revie omit a profess iance with div	letterhead.) w requirements p ional services forr	per division (J) of second with this application	tion 4701.04 of the n.	
Name of Firm:						
Name of Chief Executive Officer:					er	
Name of Contact Person if diff				Licensee ID nu		
E-mail Address				Telephone		
Address:Mailing Address				Street Address (Physical Address)		
Address:						
City Si	tate	Mailing Zip	City	State	Street Zip	
I hereby state that to the best of accompanying attachments, is true, accura			nformation containe	ed in this application, as	s well as the	
PRINTED NAME and TITLE		SIGNATURE		DATE		