

PRINTED NAME and TITLE

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

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

2016 FIRM REGISTRATION RENEWAL APPLICATION-FIRMS PERFORMING ATTEST SERVICES

All public accounting firms in Ohio that perform or offer to perform attest services, such as compilations, reviews, audits, and attestation engagements, must register with the Board. Please read the applicable laws (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 renewal deadline is October 31, 2016.

The Board will not WAIVE late fees. NOTE: Firms WHO HAVE NOT COMPLETED a peer review by October 31, 2016 may be subject to disciplinary action against both the firm and the owner(s) of the firm.

Renewal fee: \$30.00. Make check payable to: Treasurer, State of Ohio. Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ol List of names, addresses, and CPA/PA numbers of all owners of the firm. Place an asterisk* behind the last nan non-CPA/PA owner with the percentage of ownership. List of names, addresses, and CPA/PA numbers of all employees at the firm. If the employee is not licensed, pl asterisk (*) by their name. Signed statement on firm letterhead, if the firm is a limited liability entity, that the firm possesses adequate pr liability insurance per rule 4701-13-01. Signed statement on firm letterhead that the firm is in compliance with divisions (C) and (D) of section 4701.04 Revised Code. Completed Ohio Peer Review Compliance form on page two of this application. Copy of The Ohio Society of CPA's peer review acceptance letter signed by the chairman of the OSCPA Peer Review Program acceptance letter. If the firm is requesting an exemption from the peer review requirements per division (J) of section 4701.04 of Code, please check this line and submit a completed Peer Review Exemption/Professional Services form with t application. lame of Firm: Firm ID number lame of Chief Executive Officer: Licensee ID number Licensee ID number and ddress: Mailing Address Street Address (Physical Address)	Renewal fee: \$30.00. Make check payable to: Treasurer, State of Ohio. Copy of the firm's letterhead including the mailing address, telephone number, and contact person for each Ohio office. List of names, addresses, and CPA/PA numbers of all owners of the firm. Place an asterisk* behind the last name of an non-CPA/PA owner with the percentage of ownership. List of names, addresses, and CPA/PA numbers of all employees at the firm. If the employee is not licensed, place an asterisk (*) by their name. Signed statement on firm letterhead, if the firm is a limited liability entity, that the firm possesses adequate profession liability insurance per rule 4701-13-01. Signed statement on firm letterhead that the firm is in compliance with divisions (C) and (D) of section 4701.04 of the Revised Code. Completed Ohio Peer Review Compliance form on page two of this application. Copy of The Ohio Society of CPA's peer review acceptance letter signed by the chairman of the OSCPA Peer Review Acceptance Committee, or AICPA Peer Review Program acceptance letter. If the firm is requesting an exemption from the peer review requirements per division (J) of section 4701.04 of the Rev Code, please check this line and submit a completed Peer Review Exemption/Professional Services form with this application. Jame of Chief Executive Officer: E-mail Address Telephone Address: Mailing Address Telephone Address: City State Zip City State Zip City State Zip I hereby certify that to the best of my knowledge and belief, all information contained in this application, as well as the accompanying the program acceptance in this application, as well as the accompanying the program acceptance in this application, as well as the accompanying the program acceptance in the progra	enewal checklist: (Put N/A "Not applicable" in front of any	item that does not an	pply to your firm.)	
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SIGNATURE

DATE

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JOHN R. KASICH, GOVERNOR

JOHN E. PATTERSON, EXECUTIVE DIRECTOR

PEER REVIEW COMPLIANCE REPORTING FORM

In accordance with Board Rule 4701-13-11, *Reporting submission of peer review reports,* The Accountancy Board of Ohio requires information on the most recent peer review of your firm. Complete this form as indicated, sign the form, attach the required documents and mail to the address listed above with the firm renewal documents.

me of Chief Executive Officer:	Firm ID number
	Licensee ID number
m address:	
one:	Email:
PROVIDE INFORM	IATION FROM THE PEER REVIEW REPORT
System Review	Engagement Review
mpletion Date of Review Report:	Current Review Year Covered:
Les the firm perform: Audits Compilations Yellow Book Aud FDIC SOC 1&2	Attestation Engagements Reviews ERISA Audits Audit Carrying Broker Deal
	TS: CHECK THE DOCUMENTS THAT ARE ATTACHE
<u>iss</u>	PASS WITH DEFICIENCIES
Peer Review Report Final Letter of Acceptance	Peer Review Report Corrective Action Letter Was corrective action required? Date corrective action to be completed by
ILED REVIEW	
Peer Review Report Corrective Action Letter Date corrective action to be complet	Letter of Response Final Letter of Acceptance
Corrective Action Letter Date corrective action to be complet	Letter of Response Final Letter of Acceptance
Peer Review Report Corrective Action Letter Date corrective action to be complet Deadline for corrective action was: Letter of Response Final Letter	Letter of Response Final Letter of Acceptance