

Batch	_____
Sequence	_____
Date	_____
Check #	_____
Amount \$	_____

Annual Firm Registration: _____ (Enter Calendar Year)

Answer the questions below or give to your Firm Representative to complete.
Only one form per firm should be submitted. Please see instructions.

1. PUBLIC ACCOUNTING FIRM: (Main Branch-attach a list of additional sites if any)

Firm Name: _____
Address: _____
City, State, Zip: _____
Phone: (_____) _____ Fax: (_____) _____
EIN Number: _____
____ Sole Proprietorship ____ Corporation ____ Partnership ____ PLLC ____ LLC ____ Other

2. PUBLIC ACCOUNTING SERVICES PERFORMED IN IDAHO OR FOR IDAHO CLIENTS:

A. _____ Taxes and/or _____ Financial Statements without Reports, using Idaho's Safe Harbor Language
Your Firm is exempt from Peer Review. Complete questions #5, 6, and 7, sign and return. NO registration fee.

B. _____ Audits _____ Reviews _____ Compilations _____ Taxes _____ Other _____
Your Firm is required to undergo a Peer Review. Answer the following questions, sign and return with registration fee.

If your Firm changed the scope of services performed in the last 12 months, please explain:

Stopped performing work that requires a Peer Review? Enter date stopped: _____

Started performing work that requires a Peer Review? Enter date of initial report: _____

C. _____ No public accounting (licensee works in Industry, Government, or Academia, etc) as of date: _____

3. ADMINISTERING ORGANIZATION:

_____ AICPA-CPCAF (Center for Public Company Audit Firms.)

_____ AICPA review by a State CPA society. List the Society _____

4. PEER REVIEW DOCUMENTS:

If your Firm completed a Peer Review in the past year, attach copies of the following (unless previously sent to the Board Office.)

1. _____ Peer Review Report dated _____ (mm/dd/yyyy)
2. _____ Letter of Comments, if any *Level of Review:* ____ System ____ Engagement ____ Report
3. _____ Letter of Response, if any *Results of Review:* ____ Unmodified ____ Modified ____ Adverse
4. _____ Conditional Acceptance Letter* *If follow up is required, date requirements must be completed: _____
5. _____ Final Acceptance Letter (*Send Final Acceptance Letter to ISBA within 30 days of receipt*)

If your Firm has not yet undergone a Peer Review, please explain _____

5. LIST ALL IDAHO LICENSEES IN YOUR FIRM: Attach additional sheets as necessary. If licensees joined your firm in the past year, please indicate their start date.

1. _____ Licensee Name of Primary Partner/ Owner	_____	_____
	License #	Start date, if new to firm
2. _____ Licensee Name	_____	_____
	License #	Start date, if new to firm
3. _____ Licensee Name	_____	_____
	License #	Start date, if new to firm
4. _____ Licensee Name	_____	_____
	License #	Start date, if new to firm
5. _____ Licensee Name	_____	_____
	License #	Start date, if new to firm

6. FIRM REGISTRATION FEE ****Please Note** Only Firms subject to Peer Review pay the Firm Registration Fee – Refer to Question 2 on page 1.**

To calculate your Firm Registration Fee:

\$25 for a Firm with one Licensee (Main Branch only, no fee for additional sites)	\$25.00
Plus \$5 per additional Licensee \$5.00 x _____ Number of Licensees Listed =	\$ _____
TOTAL	= \$ _____
	(Maximum Fee \$200 per Firm)

7. LIST ALL NON-LICENSEE OWNERS OF YOUR CPA/LPA FIRM, IF ANY:

1. _____ Name	No Fee
2. _____ Name	No Fee

PLEASE SIGN BELOW AND SUBMIT WITH REGISTRATION FEE TO THE BOARD OFFICE

Failure to file the form by September 30th will result in a \$100 per licensee penalty

I declare that this information is true and correct, to the best of my ability.
I understand that furnishing false information or failing to disclose material information regarding Firm Registration and Peer Review program are grounds for disciplinary action against the licensees of this firm.

Signature: _____ **Date:** _____
Licensee or Firm Representative

Phone: _____ **E-Mail:** _____