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: ___________________________