

**KANSAS BOARD OF ACCOUNTANCY
900 SW JACKSON, SUITE 556S
TOPEKA, KS 66612-1239
(785/296-2162)**

OUT OF STATE CPA FIRM/PROFESSIONAL NAME REGISTRATION

Application must be completed and signed by the **managing partner**; bear an original signature, include the registration fee and Peer Review documents (if applicable). Faxed and e-mailed applications not accepted. Incomplete applications will be returned unprocessed and deemed not to have been received. ALL FEES ARE NON-REFUNDABLE. PURSUANT TO K.S.A.1-206(a) AND (b), IF YOUR APPLICATION IS DENIED, YOU MAY BE SUBJECT TO REIMBURSEMENT OF COSTS TO THE BOARD.

REGISTRATION FEE: \$100.00 **FORM OF PAYMENT: CHECK** **CREDIT CARD**

Credit Card: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>	CREDIT CARD # _____ EXP. DATE (MO/YR) _____ SECURITY CODE _____
CARDHOLDER'S SIGNATURE _____	

TAX IDENTIFICATION NUMBER: _____

TYPE OF REGISTRATION			
INITIAL REGISTRATION	REGISTRATION FULL-TIME OFFICE	RE-REGISTRATION, DUE TO CHANGES	
	REGISTRATION PART-TIME OFFICE	SOLE PRACTITIONER WITH BRANCH OFFICE	
PROFESSIONAL NAME REGISTRATION			

TYPE OF FIRM			
UNINCORPORATED SOLE PRACTITIONER	PARTNERSHIP	LIMITED LIABILITY PARTNERSHIP	
PROFESSIONAL CORPORATION/ASSOCIATION	GENERAL CORPORATION	LIMITED LIABILITY COMPANY	
FICTITIOUS NAME			

OFFICE TO BE REGISTERED			
NAME TO BE REGISTERED _____			
MANAGING PARTNER _____			
TELEPHONE NUMBER _____	FAX NUMBER _____		
EMAIL: _____			
FULL ADDRESS: STREET _____			
P.O. BOX _____			
	CITY	STATE	ZIP CODE + 4

PLEASE ATTACH A LIST OF ALL OFFICE LOCATIONS OUTSIDE THE STATE OF KANSAS.

INDICATE WHAT TYPE OF SERVICE(S) THE FIRM IS PERFORMING FOR KANSAS CLIENTS (CHECK EACH THAT APPLIES):
 AUDIT _____ REVIEW _____ AGREED-UPON PROCEDURES _____ COMPILATION _____ TAX _____ OTHER _____

1. IS THE FIRM SUBJECT TO REGISTRATION WITH THE PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD (PCAOB)? YES ___ NO ___

2. WHAT WAS THE RESULT OF YOUR MOST RECENT PEER REVIEW REPORT?
 ___ PASS ___ PASS WITH DEFICIENCIES ___ FAIL ___ N/A (THE FIRM HASN'T HAD A PEER REVIEW--SEE PEER REVIEW WAIVER FORM)

IF YOUR PEER REVIEW REPORT WAS A PASS WITH DEFICIENCIES OR A FAIL REPORT, YOU WILL BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTS.

DISCLOSURE STATEMENTS (All questions must be answered, and documentation provided, if applicable.)

1. Within the past seven years, has the firm, or any individual associated with the firm, had any professional or vocational license revoked or suspended, that has not been previously disclosed to the Kansas Board of Accountancy? No Yes

2. Within the past seven years, has the firm, or any individual associated with the firm, signed any stipulation or consent order or agreement with any State or Federal agency, or the PCAOB, or been subject to any investigative or other disciplinary action by any State or Federal agency, or by the PCAOB, that has not been previously provided to the Kansas Board of Accountancy? No Yes

3. Within the past seven years, has the firm, or any individual associated with the firm, been investigated, disciplined, or removed from membership by a state CPA society or the AICPA for violations pertaining to the practice of certified public accountancy, that has not been previously provided to the Board of Accountancy? No Yes

4. Within the past seven years, Has the firm, or any individual associated with the firm, been involved in legal or administrative proceedings relating to the practice of certified public accountancy, or has any claim been concluded by way of settlement, litigation, dismissal or otherwise, that has not been previously disclosed to the Kansas Board of Accountancy? (This includes demands, litigation, consent agreements, settlement agreements, dismissals, etc.) No Yes

5. Within the past seven years, has any claim previously reported to the Board in conjunction with an application for firm registration, been concluded by way of settlement, litigation, dismissal, or otherwise? No Yes

6. Within the last seven years, has the firm been delinquent in filing its tax returns that has not been previously disclosed to the Kansas Board of Accountancy? No Yes

7. Within the last seven years, has the firm been delinquent in filing tax returns on behalf of others for which it was responsible and/or paying taxes collected on behalf of others (i.e., payroll taxes, sales tax, use tax, etc.) that has not previously been disclosed to the Kansas Board of Accountancy? (Note: Entering into a payment plan does not mean you are current.) No Yes

8. Within the last seven years, has the firm had any tax warrants or liens filed against it by the IRS and/or any State Department of Revenue that has not previously been disclosed to the Kansas Board of Accountancy? No Yes

If the answer is yes to any of the above questions, please attach a detailed explanation, along with copies of all documents, including court documents and settlement agreements; claims made against the firm; copies of disciplinary actions (to include stipulations and consent orders) taken by other state or federal agencies; copies of disciplinary actions, stipulations and consent orders entered into with the AICPA or state CPA Society; copies of tax warrants, tax liens; and any other pertinent information relative to any affirmative answer of the above questions.

1. What is the total number of **CPA OWNERS** of the firm **BOTH** IN and OUTSIDE Kansas? _____

2. What is the total number of **NON-CPA OWNERS**** of the firm **BOTH** IN and OUTSIDE Kansas? _____

****If the firm has any owners who are NOT CPAs, you must answer the following questions on page 3.**

NOTE: If the firm's owners are 100% licensed CPAs, then skip to page 4.

FIRMS WITH NON-CPA OWNER INFORMATION:

- a. Of the total number of owners of the firm, what percentage constitute non-CPA owners?
_____ % (Must be a precise percentage; do not use <or> or approximate.)
- b. Does every non-CPA owner **actively participate** in the business? ("**Actively participate**" means participation that is continuous as one's primary occupation.)
_____ No; Attach page with specific details _____ Yes
- c. Of the firm's **equity capital, what percentage** is held or has been received from the total number of non-CPA owners? _____ %
- d. Of the firm's **voting rights, what percentage** is held or has been received from the total number of non-CPA owners? _____ %
- e. Does any non-CPA owner have ultimate responsibility for the performance of any audit, review, or compilation of financial statements or other forms of attestation related to financial information?
_____ No _____ Yes; List name and title _____
- f. Has any non-CPA owner been convicted of any felony under the laws of any state, of the United States, or of any other jurisdiction?
_____ No _____ Yes; Attach information with specific details.
- g. Has any non-CPA owner been convicted of any crime, an element of which is dishonesty or fraud, under the laws of any state, of the United States, or of any other jurisdiction?
_____ No _____ Yes; Attach information with specific details.
- h. Has any non-CPA owner had his/her professional or vocational license(s), if any, suspended or revoked by a licensing agency of any state of the United States or of any other jurisdiction or otherwise been the subject of other final disciplinary action by any such agency?
_____ No _____ Yes; Attach information with specific details.
- i. Is any non-CPA owner in violation of any rule or regulation promulgated by the Board regarding the character or conduct relating to owners who are certified public accountants?
_____ No _____ Yes; Attach information with specific details.

PLEASE LIST ALL OWNERS OF THE FIRM.
(Attach additional sheets if necessary.)

ALL CPA OWNERS	CERT #	PERMIT #	STATE		OFFICE LOCATION

PLEASE LIST NON-CPA OWNERS BELOW AND PROVIDE THE SPECIFIC FUNCTION THEY PERFORM FOR THE FIRM.

OTHER OWNERS OF FIRM	SPECIFIC JOB TITLE	OFFICE LOCATION

Under penalty of perjury I hereby certify that the information provided is true and accurate.

Signature: _____

Printed name: _____

Date: _____

Title _____

STATE OF KANSAS
BOARD OF ACCOUNTANCY
Landon State Office Building
900 SW Jackson, Suite 556S
Topeka, KS 66612-1239
785/296-2162

PEER REVIEW FORM

I, _____, of _____,
(CPA NAME) (FIRM/PRACTICE NAME)

located in _____, _____, hereby certify the following:

1. ____ The firm has a current Peer Review Letter of Completion on file with the Board.

2. ____ (IF CHECKING THIS OPTION, PLEASE ATTACH A LETTER OF EXPLANATION IF PREVIOUSLY SUBJECT TO PEER REVIEW.) I/My firm did not issue any Audits, Reviews or Agreed-Upon Procedures in the past 12 months. (If previously subject to Peer Review, provide the date of the last report issued subject to Peer Review _____. the type of report issued _____ and the year-end date of the client _____. It is understood and agreed that should this situation change, I/my firm will immediately notify the Board, in writing, and that the due date for completion of a Peer Review will be 18 months from the date of the report first issued subject to Peer Review. It is further understood and agreed that I/my firm will provide a Peer Review "letter of completion" to the Board by the due date.

3. ____ Only compilation reports are issued, which are not subject to Peer Review for Kansas State Board purposes. It is understood and agreed that should any reviews, audits or attestation engagements be performed in the future, I/my firm will immediately notify the Board, in writing, and that the due date for completion of a Peer Review will be 18 months from the date of the higher-level report issued subject to Peer Review.

4. ____ I/My firm performed the first Audit, Review or Attestation Engagement (circle which applies) with a report date of _____. The year-end date of the engagement is _____. It is understood and agreed that the due date for completion of a Peer Review is 18 months from the date of the first Report issued subject to Peer Review. It is further understood and agreed that I/my firm will provide a Peer Review "letter of completion" or a letter stating that the Peer Review is "in process" (both letters are issued by the administering entity of the Peer Review) to the Board by the due date.

5. ____ (IF CHECKING THIS OPTION, PLEASE ATTACH A LETTER OF EXPLANATION, ALONG WITH SUBSTANTIATING DOCUMENTATION.) Request for waiver for reasons of health, military service, or other hardship. It is understood that I/my firm can be disciplined for using fraud, dishonesty or deceit to obtain a waiver of Peer Review.

I acknowledge that the information I have provided on this form is true and accurate.

Date: _____ Signed: _____