

North Carolina State Board of Certified Public Accountant Examiners

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1423 • Fax 919-733-4209 • Web www.nccpaboard.gov

REGISTRATION OF A PARTNERSHIP

Pursuant to 21 NCAC 08J .0108, all CPA firms are required to register with the Board and must re-register annually in accordance with NCGS 93-12(8)(a) and 21 NCAC 08J and 08K. Please keep a copy of all documents for your reference.

NOTE: Pursuant to 21 NCAC 08N .0306(c), the firm's name on letterhead, reports, business cards, brochures, office signs, telephone directories, or any other advertisements or forms of solicitation must match exactly the firm's name as registered with the Board.

FEES: CPA firms with North Carolina offices ONLY = NO FEE
CPA firms with offices in North Carolina AND other state(s) = \$10.00/per partner
(maximum fee = \$2,500.00)

CPA Firm Name: _____

Supervising CPA: _____

Supervising CPA's Certificate No.: _____

Mailing Address: _____

City/State/ZIP: _____

Street Address: _____

City/State/ZIP: _____

Telephone Number: (_____) _____

Fax Number: (_____) _____

E-Mail Address: _____

Web Site Address: _____

I practiced and have ownership in (CPA firm name) _____
and wish to ___ continue ___ cancel that CPA firm's registration (NOT including this registration).

For all other offices operated or maintained by the applicant partnership, provide the information requested above on an attached sheet. If there are no other offices, check here ().

Complete the attached *Required Information* sheet and submit with the proper fee and one copy of the firm's proposed letterhead.

SIGNATURE: _____ DATE: _____

TITLE: _____

REQUIRED INFORMATION

1) List all resident North Carolina owners below or on additional sheets:

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ NC Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

2) List all non-resident owners below or on additional sheets:

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

Name _____ Orig. Cert. # (if applicable) _____

Home Address _____

City/State/ZIP _____ Home Phone _____

Percent of Ownership _____ SS # _____

NOTE: All non-resident CPAs who provide services to a North Carolina client must provide the Board with a Notification of Intent to Practice. Have all such CPAs provided the necessary Notification of Intent to Practice? () Yes () No () Not Applicable