

**MINNESOTA BOARD OF ACCOUNTANCY**

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St. Paul, MN 55101-2143

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**2016 CPA SOLE PROPRIETOR FIRM PERMIT RENEWAL  
INSTRUCTIONS**

**Send this renewal and your check** (made payable to MN Board of Accountancy) **to the address above postmarked on or before December 31, 2015.**

A \$50 delinquency fee is required for renewals postmarked after that deadline.

**Please Note:** Firm permits cannot be renewed until the individual CPAs who are required by Minnesota Rule 1105.4000 (D) to renew have already done so.

**Complete and return these REQUIRED items:**

1. Firm Permit Renewal Application (pages **1** and **2**)
2. Firm Peer Review Statement (page **3**)
3. Workers' Compensation Liability Certificate of Compliance (page **4**)
4. Payment of the **firm** permit renewal fee  
**Do NOT include individual renewal forms or payments with your firm permit renewal.**  
Annual Renewal Fee:
  - Firms with offices only in Minnesota: **\$35.00**
  - Firms with one or more offices in another state: **\$68.00**

**Complete and return the following items if applicable:**

1. Non-CPA Owner of Firm Statement Form (page **5**)  
**Complete a form and include \$45.00 fee for each Non-CPA Owner.**
2. List of firm locations (see **question 3 on page 1**)

**Dissolutions/Mergers:** If your sole proprietor firm has dissolved or merged with a firm in the past year, please notify the Board in writing.

**Firm Name Changes:** Use the [Sole Proprietor Firm Name Change Request Form](#) found on the Board website. **Do not submit renewal paperwork until the Board has approved your firm name change.**

If you have questions regarding your application, please call the Board office at 651-296-7938.

**Data Practices Act Warning**

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2016). All data, except social security number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2016).

**2016 CPA SOLE PROPRIETOR FIRM PERMIT RENEWAL APPLICATION**

**1. Firm Information**

**Military Status** ▶ Are you active duty or within 6 months of discharge from active duty?  No  Yes

Firm Name \_\_\_\_\_ Firm Permit # \_\_\_\_\_

Contact Name \_\_\_\_\_ Firm Address \_\_\_\_\_  
 (First) (Last)

Phone \_\_\_\_\_ City \_\_\_\_\_

Fax \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Does your firm have an office in a state other than Minnesota?**

No—Firm permit renewal fee is **\$35.00**

Yes—Firm permit renewal fee is **\$68.00**

**3. Does your firm have more than one office in Minnesota?**

No  Yes

If yes, attach a sheet listing the addresses for all offices and the person in charge at each.

**4. List all CPAs and/or RAPs who work for your firm as employees.** Attach list, if necessary.

Name	CPA Registration / CPA Certificate #	State of Residence	Practicing in Minnesota?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**5. A) Provide the names of all owners, partners, members, shareholders, directors and officers of the firm who reside in or practice in Minnesota.** Attach list, if necessary.

Be sure to complete a Non-CPA Owner of Firm Statement (page 5) and enclose the \$45.00 fee for each individual listed below who is **not** a CPA.

Name	CPA Registration # (if applicable)	State of Residence	Practicing in Minnesota?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**B) The non-CPA owners in the list above hold, in total, what percentage of:**

Voting interest in the firm? \_\_\_\_\_ %  
 Financial interest in the firm? \_\_\_\_\_ %

**6. Designation Affidavit for Firm Permit Renewal**

**Read all statements and sign the affidavit below.**

If a statement doesn't apply to your firm, mark "N/A" on the line next to that statement.

- All employees who hold a certificate or have been granted practice privileges under Minnesota Statutes §326A.14 (2016) and who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant's report on financial statements on behalf of the firm have met the competency requirements set forth in professional standards for such services. \_\_\_\_\_
- All attest and compilation services rendered by the firm in this state are under the charge of a person holding a valid certificate with an active status or a person who has been granted practice privileges under Minnesota Statutes §326A.14 (2016). \_\_\_\_\_
- The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7800 (F) (2015). \_\_\_\_\_
- The firm has verified that all persons listed above either have an active certificate for 2016 or have completed a Non-CPA Owner of Firm Statement and registered with the Board. \_\_\_\_\_

<b>Affidavit: I swear or affirm that I have read the foregoing renewal application and that the statements are true and complete.</b>	
Printed Name of Certificate Holder/Owner	Signature of Certificate Holder/Owner
Name of Firm	Date

## 2016 FIRM PEER REVIEW STATEMENT

1. Did or will your firm do one or more of the following?	2015				2016			
Audits of Financial Statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reviews of Financial Statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compilations of Financial Statements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Examinations of Prospective Financial Information	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered “**Yes**” to **any** of the above, **complete questions 2-5.**

If you answered “**No**” to **all** of the above, **sign** the following affidavit, then **skip** to the **next page.**

I swear or affirm that during the past year my firm did not perform compilation services. I/we do not plan to do so in the coming year and if I/we do engage in such practice, I will immediately notify the Minnesota State Board of Accountancy (Board). I, therefore, request exemption from the peer review requirements of the Board. I further certify that this information is correct and understand that my deliberate misrepresentation may result in the suspension and/or revocation of my registration and the firm’s permit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

2. Are you currently participating in a peer review program?  Yes  No

3. Indicate the Report Acceptance Body (RAB) you are/will be working with:

AICPA  MAPA  MNCPA  Other (specify): \_\_\_\_\_

4. What 12-month period will be reviewed during your next required peer review?

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
(Beginning Month) (Beginning Year) (Ending Month) (Ending Year)

**Note:** You **must** submit peer review reports no later than 15 months after the end of the year under review or within 30 days of receipt of the Report Acceptance Body letter, whichever is earlier.

5. **Affidavit:**

**I certify that the information provided above is complete and accurate.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Date

**2016 WORKERS' COMPENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

**1. Firm Information**

Firm Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**2. Check the applicable option (A or B) and provide the requested details.**

**A. I have workers' compensation liability coverage, and below is information regarding it:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_

**B. I am not required to have workers' compensation liability coverage because:**

The firm has no employees

I am self-insured  
**Note:** You must include a copy of your permit to self-insure with this form.

I have no employees who are covered by the workers' compensation law  
(Employed spouses, parents, and children are exceptions to coverage requirements.)

**3. Affidavit:**

**I certify that the information provided above is complete and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Minnesota Statute § 176.182 requires every state and local agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers' compensation insurance coverage. **If this information is not provided or is falsely stated, it may result in a penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.** This information will be collected by the licensing agency and retained in their files.

# 2016 NON-CPA OWNER OF FIRM STATEMENT

Each non-CPA owner must complete a copy of this form and submit the \$45.00 fee.

## 1. Personal Information

Name _____ (First) (M.I.) (Last) (Suffix)	Preferred "mail to": Home _____ Business _____
Former Name _____ (if applicable)	
Social Security # _____	
Date of Birth _____ (MM) (DD) (YYYY)	Firm Name _____
Email _____	Work Phone _____
Home Phone _____	Work Fax _____
Home Address _____	Work Address _____
City _____	Work City _____
State _____ Zip _____	Work State _____ Work Zip _____

2. What percentage of **voting** interest do you hold in the firm? \_\_\_\_\_ %

3. What percentage of **financial** interest do you hold in the firm? \_\_\_\_\_ %

4. List all the Minnesota professional licenses you hold and any disciplinary action taken against those licenses in the last five years:

License #	Profession	Disciplinary Action (if any)

## 5. Affidavit:

I certify that the above information is complete and accurate, that I actively participate in the firm on a full-time basis, and that I agree to comply with the rules adopted by the Minnesota Board of Accountancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date