

## 2017 CPA 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, 2016.**

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. Corrected List of Employees (see **question 6 on page 1**)
3. Firm Peer Review Statement (page **3**)
4. Workers' Compensation Liability Certificate of Compliance (page **4**)
5. 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 CPA firm has dissolved or merged with a firm in the past year, please notify the Board in writing.

**Firm Name Changes:** **Firms cannot renew under a new name until the Board has approved the firm name change.** FIRST submit the CPA Firm Name Change Request Form found on the Board website. Once you receive approval from the Board, then you may submit a renewal under the new name.

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).

**2017 CPA FIRM PERMIT RENEWAL APPLICATION**

**1. Firm Information**

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 (\$85, if renewal postmarked after December 31, 2016)  
 Yes—Firm permit renewal fee is \$68.00 (\$118, if renewal postmarked after December 31, 2016)

**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. Type of firm:**

- CPA Corporation  CPA Limited Liability Company  
 CPA Limited Liability Partnership  Foreign Firm Practicing in Minnesota  
 CPA Partnership

**5. Does your firm have more than one CPA?**

- No  Yes. If yes, specify number of CPAs: \_\_\_\_\_

**6. List of employees/owners:**

Review the list of CPAs and owners at your firm that the Board recently mailed to you and follow the instructions included. Return the original copy—marked with your corrections—along with this completed renewal form.

**7. A) List of non-CPA owners:\***

Provide the names of all non-CPA owners, partners, members, shareholders, directors and officers of the firm who have their principal place of business located in Minnesota.

\* Be sure to complete a [Non-CPA Owner of Firm Statement](#) (page 5) and enclose the \$45.00 fee for each individual listed.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

Read all statements and sign the affidavit below.

1. All owners, partners, shareholders, members, managers, directors and officers of the firm and individual employees who hold certificates 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.
2. 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).
3. The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7800.F (2015).
4. The firm has verified that all non-CPA owners have completed a Non-CPA Owner of Firm Statement and registered with the Board.
5. The firm has verified that two-thirds of all CPA owners, partners, shareholders, members, managers, directors and officers of the firm who have their principal place of business located in Minnesota have an active certificate for 2017.

<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 Managing Partner/Shareholder/Officer		Signature of Managing Partner/Shareholder/Officer
Certificate Number	State of Issuance	Date

## 2017 FIRM PEER REVIEW STATEMENT

1. Did or will your firm do one or more of the following?	2016		2017	
	Yes	No	Yes	No
Audits of Financial Statements	Yes	No	Yes	No
Reviews of Financial Statements	Yes	No	Yes	No
Compilations of Financial Statements	Yes	No	Yes	No
Examinations of Prospective Financial Information	Yes	No	Yes	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 attest or compilation services. The firm does not plan to do so in the coming year and if the firm does engage in such practice, I will immediately notify the Minnesota State Board of Accountancy (Board). I, therefore, request on behalf of the firm 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 certificate and the firm’s permit.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

2. **Is your firm registered with the Public Company Accounting Oversight board (PCAOB)?**       Yes     No

If yes: A. What year was it registered? \_\_\_\_\_

B. When was the last review report on your public practice released by the PCAOB? (If none released, write “none released.”) \_\_\_\_\_

**Note:** You **must** file any released reports with the Board within 30 days of receipt from the PCAOB.

3. **Are you currently participating in a peer review program with respect to your non-public company practice?**       Yes     No

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

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

5. **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.

6. **Affidavit:**

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

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**2017 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.

## 2017 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 # \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  
(MM) (DD) (YYYY)

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