

## 2024 CPA FIRM PERMIT LATE RENEWAL INSTRUCTIONS

**ALL firms MUST RENEW by December 31, 2023**

**A \$50 delinquency fee is required for each year a license is expired (incorporated into Fee Chart totals).**

**Please note: The firm's permit cannot be renewed unless its CPA owners have renewed as required by [Minnesota Rule 1105.4000.D](#).**

**Dissolved or merged?** You **must** promptly notify the Board in writing ([Minnesota Rules 1105.4100](#)).  
**Firm name changing?** You **must first** submit an [CPA Firm Name Change Request Form](#) found on the Board website. Only after approval can you renew/practice under the new name.

Send the renewal form and associated documents noted below with your check (payable to **Board of Accountancy**) to the address above.  
**No cash, credit card, or bill pay. Renewals received without payment ENCLOSED will be returned.**

### Complete and return these REQUIRED items:

1. Firm Permit Renewal (pages [1](#) and [2](#))
2. Updated list of all partners, members, managers, shareholders, directors, and officers ("owners"). See [question 8 on page 2](#).
3. Firm Peer Review Statement (page [3](#))
4. Workers' Compensation Liability Certificate of Compliance (page [4](#))
5. Payment of the firm permit renewal fee. See chart at right.

**NOTE:** Your firm's registration with the Minnesota Office of the Secretary of State must be active.

### Complete and return the following items IF APPLICABLE:

1. Minnesota Non-CPA/Non-RAP Owner of Firm Statement Form (page [5](#))  
Complete a form and include \$45.00 fee for **each** Minnesota Non-CPA/ Non-RAP Owner.
2. List of firm locations (see [question 3 on page 1](#))
3. Peer review documents (see [MN Rule 1105.5400](#)), if due prior to the date of renewal and not already submitted to the Board.

### Permit Fee Chart

Pick applicable year and office location type.  
Do **NOT** combine columns or rows. Only one fee amount applies.

| IF THE FIRM PERMIT EXPIRED<br>▼ | RENEWAL FEE* IF POSTMARKED NO LATER THAN 12/31/2024 |               |
|---------------------------------|---|---------------|
|                                 | MN Office   | Non-MN Office |
| 12/31/2023                      | \$85*   | \$118*        |
| 12/31/2022                      | \$135*  | \$168*        |
| 12/31/2021 or prior             | Complete a new initial permit application.          |               |

\* Plus \$45 per Minnesota Non-CPA/Non-RAP owner, if applicable.

Do **NOT** include individual license renewal forms or payments with your **firm** permit renewal.

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

### NOTICE OF COLLECTION OF PRIVATE DATA

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes §13.04, Subd. 2), the Board is required to inform you of your rights as they pertain to private data collected from you on this application for renewal. The data you furnish on the application will be used by the Board to assess your qualifications for renewal.

Minnesota Statutes §270C.72, Subd. 4 (2022) requires the Board to provide the Commissioner of the Minnesota Department of Revenue a list of all entities, including name, address, and Minnesota Tax ID number or FEIN, each calendar year for the purpose of identifying entities owing delinquent taxes. Until licensure is granted, all application data, except name and designated address, are private data pursuant to Minnesota Statutes §13.41, Subd. 2 (2022). All data become public record when licensure is granted pursuant to Minnesota Statutes §13.41, Subd. 5 (2022).

The Board will not share your private data with other persons or agencies unless it is required by law.

**2024 CPA FIRM PERMIT LATE RENEWAL**

Payment is by check. No cash, credit card, or bill pay.  
Renewals received without payment ENCLOSED will be returned.

**1. FIRM INFORMATION**

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

Managing Partner \_\_\_\_\_ Main Phone \_\_\_\_\_  
(First) (Last)

Firm Address \_\_\_\_\_ FEIN/MN Tax ID \_\_\_\_\_  
(Provide street address)

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

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

No - Use "MN Office" column on instruction page chart to determine fee.  Yes - Use "Non-MN Office" column on instruction page chart to determine fee.

Fee due: \$ \_\_\_\_\_

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

No  Yes—If yes, attach a list of all the offices, including mailing address and person in charge.

**4. Type of firm:**  CPA Corporation  CPA Partnership  
 CPA Limited Liability Partnership  CPA Limited Liability Company  Foreign Firm Practicing in Minnesota

**5. Does your firm have more than one active status CPA?**  No  Yes

**6. Does your firm hold or has it applied for a permit in any US jurisdiction other than Minnesota?**  No—Skip to Question 8.  Yes—List all below or, if necessary, attach a list.

**7. If you answered "yes" to Question 6, was your permit/permit application in any of these states revoked, suspended, or denied?**  No  Yes—Attach a statement of explanation.

**8. List of Partners, Members, Managers, Shareholders, Directors, and Officers (“Owners”)**

You must provide a typed list of *current* partners, members, managers (as defined in [MN Statute 326A.01](#)), shareholders, directors, and officers (“owners”) at your firm whose principal place of business or residence is in Minnesota. Include their a) full legal name, b) Minnesota CPA license or RAP registration number (if applicable), and c) specific business address (if the firm has more than one location). **Enclose the list with your renewal.**

If your firm has no owners that are licensed in Minnesota nor are required to be under MN Statute 326A.14 and no non-CPA/non-RAP owners who are Minnesota residents, write “Not Applicable” in the space below.

**9. Owners Who Are Not CPAs or RAPs But Are Minnesota Residents**

If applicable, complete a [Non-CPA/Non-RAP Owner of Firm Statement](#) (page 5) for each owner who is **not a CPA or a RAP but who is a Minnesota resident**. Enclose the \$45.00 fee for each such owner.

**10. Non-CPA\* owners (resident and nonresident combined) hold, in total, what percentage of:**

\*Include any RAP owners in this percent.

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

**11. DESIGNATION FOR FIRM PERMIT RENEWAL**

**Read all statements and sign below.**

1. The firm has verified that, as defined in [Minnesota Rules 1105.4000.D](#), all required 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 2024.
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 (2022).
3. The firm has an audit documentation retention and destruction policy that complies with Minnesota Rules 1105.7850.G (2023).
4. The firm has verified that—if applicable—all Minnesota owners who are not a CPA or a RAP have completed a Minnesota Non-CPA/Non-RAP Owner of Firm Statement and registered with the Board.
5. All individual employees of the firm who have been granted practice privileges under Minnesota Statutes §326A.14 (2022), or who hold certificates and reside or practice in this state and those persons specified in Minnesota Rules 1105.4000.D (2023), who are responsible for supervising attest or compilation services or who sign or authorize someone to sign an accountant’s report on financial statements have met the competency requirements set out in professional standards.

|   |                   |   |
|---|-------------------|---|
| <b>I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.</b> |                   |   |
| Printed Name of Managing Partner/Shareholder/Officer  |                   | Signature of Managing Partner/Shareholder/Officer |
| Certificate Number  | State of Issuance | Date  |

## 2024 FIRM PEER REVIEW STATEMENT

| 1. Did/will your firm do work under the following standards? Since last renewal |                          |     | In 2024                  |    |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|----|
| Statements on Auditing Standards (SAS)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Statements on Standards for Accounting and Review Services (SSARS)*             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Statements on Standards for Attestation Engagements (SSAE)                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Generally Accepted Government Auditing Standards (the Yellow Book)              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| PCAOB Auditing Standards  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

\* Excludes engagements done under SSARS No. 21, AR-C section 70

If you answered **"No"** to all items in question 1, **sign** below, then **skip** to the **next page**.

I declare that during the past year my firm did not perform attest or compilation services and does not plan to do so in the coming year. If the firm does engage in such practice, I will notify the Minnesota Board of Accountancy within 30 days. Therefore my firm is exempt from peer review requirements. I further certify that this information is correct and understand that my deliberate misrepresentation may result in disciplinary action against my certificate and/or the firm permit. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

If you answered **"Yes"** to any item in question 1 above, **complete questions 2-5 below**.

**Note:** Under [MN Statute 326A.05 Subd. 8](#) and [MN Rules 1105.4600-5400](#), your firm is required to undergo a peer review with respect to the nonpublic company practice. If your firm is not currently participating in a peer review program, please see [MN Rule 1105.5100](#).

**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.")

**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)

**5. Signature:** I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**2024 WORKERS' COMPENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

**1. Firm Information**

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

I am self-insured and am including a copy of my permit to self-insure with this form.

**3. Signature:**

**I declare that everything I have stated in this document is true and correct. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.**

\_\_\_\_\_  
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.

**2024 MINNESOTA NON-CPA/NON-RAP  
OWNER OF FIRM STATEMENT**

Complete if you are not a CPA or RAP but **are a firm owner who is a resident of Minnesota**  
(regardless of the firm's location[s]) and submit **\$45.00 fee.**

**1. Personal Information**

I am a resident of Minnesota. Firm Name \_\_\_\_\_

Legal Name \_\_\_\_\_ Address \_\_\_\_\_  
(Provide street address)

(First) (M.I.) (Last) (Suffix)

Former Name \_\_\_\_\_ City \_\_\_\_\_  
(if previously used)

Work Phone \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. 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) |
|-----------|------------|------------------------------|
|           |            |                              |
|           |            |                              |
|           |            |                              |

**3. Signature:**

**I declare that everything I have stated in this document is true and correct, 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. If signing electronically, I agree that my electronic signature shall constitute the execution of this document in exactly the same manner as if I had signed by hand.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date