

**MSCPA PEER REVIEW PROGRAM**

Massachusetts Society of Certified Public Accountants  
105 Chauncy Street 10th fl.  
Boston, MA 02111

*MSCPA Peer Review Program  
NON-AICPA Enrollment Form*

**TYPE NAME AND ADDRESS OF THE MAIN OFFICE OF THE FIRM (INCLUDING SOLE PRACTITIONERS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **MSCPA Member #** \_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)\*  
(DO NOT ENTER A SOCIAL SECURITY NUMBER):**

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**INFORMATION NEEDED TO ENROLL IN THE PEER REVIEW PROGRAM:**

1. **Name of Managing Owner (please print):** Mr. \_\_\_\_\_ Ms. \_\_\_\_\_

\_\_\_\_\_  
First Name                      M. I.                      Last Name

2. Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

3. Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. E-mail address \_\_\_\_\_

5. **Name and address of person to contact at the firm concerning peer review matters:**  Same as Managing Partner

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_

\_\_\_\_\_  
First Name                      M. I.                      Last Name

6. Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

7. Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. E-mail address \_\_\_\_\_

9. Month of Firm's Fiscal Year End: \_\_\_\_\_

10. Number of owners: \_\_\_\_\_

11. Number of professionals including owners:

- 1                       2 to 5                       6 to 9                       10 or more

12. Total number of engagements performed or expected to be performed that would require your firm to have a System Review as described at "Peer Reviews System Reviews vs Engagement Review" at [aicpa.org/prsystoreg](http://aicpa.org/prsystoreg).

NONE  1 to 5  6 to 9  10 or more YEAR END date of Initial Engagement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Report data (if issued) of initial engagement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

13. Has the firm performed, or does the firm expect to perform the following? (If yes, indicate the report date of the initial engagement with associated year end on the lines provided.

	Report Date	
	Year-End	(If Issued)
<b>Month/Year Month/Year</b>		
Reviews of financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Compilations of financial statements with disclosures? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Compilations of financial statements that omit substantially all disclosures? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Engagements performed under the Statements on Standards for Attestation Engagements (SSAEs) including financial forecasts and projections, agreed-upon procedures and other engagements, and excluding the engagements referred to in question? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**Applicant's statement: To the best of our knowledge and belief the information submitted herewith is true and correct. We understand that acceptance of this application will enroll our firm in the MSCPA Peer Review Program. We agree to be bound by the policies and procedures of the MSCPA Peer Review Program.**

**ACKNOWLEDGEMENT OF REQUIREMENTS:**

This statement should be signed by the firm's managing partner.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**\*Firm's Federal EIN:** In support of the AICPA's Enhancing Audit Quality initiatives to improve audit quality and to better serve the profession and the public, enrolling and enrolled firms will now be asked to provide an Employer Identification Number (EIN) to allow comparisons of firms in the peer review database (PRISM) with various regulatory databases. This effort will assist in identifying firms that are not enrolled in peer review (but are required to do so) and those that may not have provided accurate information to their peer reviewers. In either case, such firms are potentially putting enrolled firms at a competitive disadvantage by not complying with the rules, and pose significant risks to the profession and the public. Enter the firm's federal EIN most closely associated with the firm's public accounting practice subject to peer review. Do not enter a social security number. If you are a sole practitioner and do not have an EIN please visit <http://www.irs.gov> to obtain an EIN and enter it in the boxes provided. Providing this information is required for enrollment and is a condition of cooperation with the program.