

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras, Suite 1770, New Orleans, LA 70130 (504) 566-1244
www.cpaboard.state.la.us

- INSTRUCTIONS on next page -

**2011 ANNUAL RENEWAL
OF CERTIFICATE**

- LICENSED CPA -

RESPOND TO ALL ITEMS
DO NOT ALTER THE ITEMS OR FORMAT OF THIS FORM

DUE BY 12-31-10

NAME AND PREFERRED MAIL ADDRESS:

☐ Home ☐ Office

SECONDARY ADDRESS:

☐ Home ☐ Office

Name: _____

Addr: _____

CPA Certificate No.: _____ (Certificate no. is on your renewal notice, and on your CPA Certificate)

Employer / Firm: _____

Bus. phone: _____

Bus. Fax no.: _____

Home phone: _____

INCOMPLETE FORMS CANNOT BE PROCESSED.

1. Check only one applicable classification from (a) or (b) below. Your current **PRINCIPAL EMPLOYMENT** with the above Employer / Firm:

a. OWNER or PARTNER or SHAREHOLDER or LLC MEMBER of a CPA FIRM:

SOLE PRACTICE: _____ Unincorporated (1) _____ Sole Owner Prof. Corp (10) _____ Single member LLC (14)

PARTNER: _____ Partner, Louisiana firm (2) _____ Partner, out-of-state firm (20)

LLP PARTNER: _____ Partner, Louisiana LLP (15) _____ Partner, out-of-state LLP (16)

SHAREHOLDER: _____ Shareholder of a multi-owned Prof. Corp. (12)

LLC MEMBER: _____ Member, Louisiana LLC (18) _____ Member, out-of-state LLC (19)

FIRM w/in a FIRM: _____ Incorporated CPA, or single member LLC, whose Firm is a partner/shareholder/member in another firm (3)

b. OTHER: _____ Staff employee of a CPA firm (4) _____ Industry (5) _____ Government (6) _____ Attorney (21)
_____ Education (7) _____ Retired (9) _____ Student (11) _____ Unemployed (13)

(8) IF NOT LISTED ABOVE - CLASS. LETTER: _____ - see Instructions. Describe if class **G. Other:** _____

2. YES _____ NO _____ Do you have a **separate part-time** CPA practice (i.e., a practice not indicated under Item 1 above) ?
IF YES, provide practice name: _____ (88)

3. YES _____ NO _____ Have you been charged with, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal **or that you have not previously disclosed** to the Board? If YES, attach details, including the name of the court and the case no.

4. YES _____ NO _____ Have you been the subject of any type of investigation or discipline by a licensing board, state or federal agency, regulatory authority, or professional CPA association or society relating to your employment or practice since your last renewal **or that you have not previously disclosed** to the Board? If YES, attach details and copy of official order or pertinent documents.

5. **Out-of-state practitioners only--** Did you service Louisiana based clients in 2010? YES _____ NO _____ You individually? YES _____ NO _____ Your firm?

6. RENEWAL FEE - attach a check **PAYABLE to State Board of CPAs of LA:** \$100 Due by 12-31-2010
Please put your certificate number on the check. \$200 If received AFTER 1-31-2011
\$400 If received AFTER 2-28-2011

7. All responses are true and correct. Signature: _____ Date: _____

STATE BOARD OF CPAs OF LOUISIANA
601 Poydras Street, Suite 1770, New Orleans, LA 70130 (504) 566-1244

ANNUAL RENEWAL INSTRUCTIONS. The completed original renewal form with payment is due on or before 12-31-10. Delinquent fees are effective Feb.1, 2011. Failure to submit a completed renewal form and applicable fee by 2-28-11 results in expiration of the certificate / license.

Provide your name, PREFERRED ADDRESS and secondary address, and employment contacts. Indicate which is the office and home.

For legal name change: Include copy of marriage license, divorce decree, or court order. Name cannot be changed without these documents.

Answer **ALL ITEMS** on the renewal form. Additional explanation and requirements appear below.

Item _____

1. This classification refers to your **PRINCIPAL EMPLOYMENT** or occupation -- the primary source of self-employment income or salary/wages. Check the classification of your current position with the "Employer/Firm" shown under **PREFERRED MAIL ADDRESS**.

If the classification is not listed, review the classifications below and print the applicable letter at the "NOT LISTED" line on the front of the form:

"NOT LISTED" (8) – CLASS. LETTERS:

- | | |
|--------------------------|---|
| A. Accounting Service | E. Real Estate |
| B. Management Consultant | F. Financial Planning |
| C. Computer Consultant | G. Other. Requires brief description on front of this form in the space provided. |
| D. Investments | |

These classifications **do not** apply if the entity (employer or you):

- represent that you have or "hold out" as a CPA firm*; or,
- perform attest services*; or,
- have a CPA Firm permit*.

* Such classification is under **1(a). "OWNERS OF CPA FIRMS"**

2-5. Self-explanatory.

6. Staple your check to the **back** of the form. Payable to: **STATE BOARD OF CPAs OF LOUISIANA**.

Please put your CERTIFICATE number on the check's memo line.

The \$100 fee amount is based on the date the completed renewal is received by the Board. After 1/31/11, the delinquent fee applies.

7. Sign and date the form. Mail or deliver the completed renewal form with payment stapled to reverse side of form to Board address shown above.

To Register in **CPA INACTIVE STATUS**, be exempt from CPE, and Forego the Right to Represent Yourself as a CPA:

IF YOU will not perform or offer to perform for the public professional services involving the use of accounting or auditing skills, including issuance of reports on financial statements; or management advisory, financial advisory, or consulting services; or the preparation of tax returns or furnishing of tax advice; **THEN**, you may request "CPA inactive" status and exemption from CPE as follows:

- A. (1) write in large letters at the top of the form: "CPA INACTIVE" (put at top / front of renewal form)
(2) answer all items on the renewal form, but
(3) instead of the license **FEE** cited per Item 8, pay the annual FEE per (B.) below, and
(4) agree, sign and date below to request this change and submit it with the 2011 renewal form:

I request to register as a "CPA inactive". Effective in 2011, I do not have practice rights as a CPA in Louisiana or other rights provided to those who are licensed by the State Board of CPAs of Louisiana. I do not and will not practice as a CPA or use the CPA title in Louisiana. While in CPA inactive status, I will have the right to use the "CPA inactive" title, as follows:

Any time or place the designation may appear, I must use or place the word "inactive" adjacent to the Certified Public Accountant or CPA title. This is required on any business card, letterhead, or any other document, device or medium (with the exception of my CPA certificate).

In order to apply for reinstatement of practice rights, I must apply on a form provided by the Board, pay the application fee, have one year of qualifying experience with licensed CPA supervision within the four years preceding the application, and/or have satisfied CPE requirements for the preceding CPE reporting period and submit documentation of CPE completion.

Signature _____ Date _____

B. Annual Fee for **CPA Inactive** status: Fee is \$25 thru 01-31-11; if received after 01-31-11 it is \$50; after 2-28-11 it is \$100.

TO CANCEL THE CERTIFICATE – AND - FOREGO ALL RIGHTS THEREUNDER - Submit this BLANK form and a separate letter with your signature requesting cancellation of the certificate and return the certificate. In cases of permanent incapacitation, inability to sign, or death: a legal representative, surviving spouse or legal descendant should include appropriate documentation.