

IOWA ACCOUNTANCY EXAMINING BOARD

200 E. Grand, Suite 350
Des Moines, IA 50309
(515) 725-9022

AccountancyBoard@iowa.gov

**Reinstatement Application for a Firm Permit to Practice as a LPA firm
for the year ending _____**

INSTRUCTIONS TO APPLICANT

1. List all offices that provide services to Iowa clients.
2. Complete all applicable sections of this form and mail to the address listed above. Attach additional pages if necessary.
3. Submit \$200.00 fee + \$25 per month of lapse with a maximum of \$1,000. Make check payable to Treasurer State of Iowa or complete credit card information on the last page of this form.

PART I - FIRM TYPE/SERVICES	PART II - FIRM INFORMATION
<p>CHECK ONE PLEASE</p> <p><input type="checkbox"/> Sole proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Liability Partnership (LLP)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Professional Corporation (PC)</p> <p><input type="checkbox"/> Limited Liability Corporation (LLC)</p> <p><input type="checkbox"/> Professional Limited Company (PLC)</p> <p><input type="checkbox"/> Other _____ (please specify)</p> <p>Highest Level of service provided to Iowa clients by this firm.</p> <p><input type="checkbox"/> Compilation Reports*</p> <p><input type="checkbox"/> Tax</p> <p><i>*peer review required</i></p> <p>Date of last peer review ___ / ___ / _____</p> <p>Reviewer _____</p> <p>Date of next scheduled peer review ___ / ___ / _____</p>	<p>FIRM NAME _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Iowa LPA in charge of proper registration of this firm in Iowa. Name _____</p> <p>Iowa cert. # _____</p> <p>Telephone # _____</p> <p>Total CPA owners _____</p> <p>Total LPA owners _____</p> <p>Total non-licensee owners _____</p> <p>Exact % of LPA owners _____</p>

PART III - COMPILATION SERVICES

Please list below all individuals who are responsible for supervising compilation services and who sign or authorize someone to sign the accountant's report on financial statements. Please affirm that any individual listed is licensed in Iowa and meets the competency requirements set in SSARS.

Name	Office Address Street, City, Zip Code	Iowa Cert./License no.	Meets SSARS Competency

PART IV – IOWA OFFICES

PART VII - LPA OR CPA EMPLOYEES

Please list all employees working in an Iowa office and who hold a current CPA certificate or LPA license.

Name	Office Address	Iowa Cert/license no.

PART VIII - FIRM STATES OF REGISTRATION

Please list all states in which this firm holds or has held a permit to practice and check dispositions that apply. For denials, revocations and suspensions, please submit detailed information.

State of permit to practice	Currently hold	Lapsed	Denied application	Refusal to renew	Revoked	Suspended

DECLARATION

We declare that we have registered all offices of this firm that currently provide services to Iowa clients or that intend to provide services to Iowa clients on a recurring basis. We further declare that we shall provide in writing to the board any notifications required by 193A—8.5(542D) and assure that the firm is in compliance with the requirements for a permit to practice as provided in 542D.8 at all times.

Signature of LPA licensed in Iowa and responsible for proper registration of this firm in Iowa.

PART IX - PAYMENT INFORMATION

Credit Card Payment: Master Card Visa Discover

Name of Card Holder: _____ Amount: \$ _____

Card Number: _____ Exp. Date: (mo/yr) _____

Signature of Card Holder: _____

Federal I.D. # _____ or **(REQUIRED FOR PROCESSING)**
SS # _____

E-Mail Address: _____
(As of July 1, 2013, e-mail addresses are no longer public record)

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 261.126(1), 252D.8(1), and 272J.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed bylaw including Iowa Code § 421.18. The Social Security Number will also be shared on a confidential basis with the National Association of State Boards of Accountancy, pursuant to Iowa Code § 542.4(7), solely for use in a national database of licensees.