



## ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY

*Physical Address*  
770 Washington Ave, Ste 226  
Montgomery, AL 36104-3807

*Mailing Address*  
PO Box 300375  
Montgomery, AL 36130-0375

D. Boyd Busby, CPA  
Executive Director

Telephone: 334-242-5700

Fax: 334-242-2711

www.asbpa.alabama.gov

### 2016-2017 REGISTRATION OF FIRM NAME AND OFFICE FORM INSTRUCTIONS

***Applicable changes in Board laws and rules have been incorporated into these instructions;  
You are encouraged to read all instructions since there are several changes.***

***It is the responsibility of the Resident Manager to register the firm timely, regardless of whether or not he or she receives the Board's courtesy reminder(s).***

**ANNUAL FIRM REGISTRATION:** All Alabama CPA and PA firms are required by the Alabama Accountancy Law (Title 34, Chapter 1, Code of Alabama 1975) to register with the Alabama State Board of Public Accountancy ("the Board") within 30 days after opening and annually thereafter. Each Alabama CPA and PA firm must obtain an annual firm permit to practice.

You may register on-line by going to the Board's website and clicking on the following link: <http://www.asbpa.alabama.gov>. Instructions for on-line registration are provided at every step. **American Express, MasterCard and Visa are the only credit cards that can be used for on-line payment!** If registration is done through the internet-based procedure, the paper form should **NOT** be mailed to the Board. You may also download a 2016-2017 Firm Registration Form from the Board's website, complete and return the form accompanied by a check made payable to the Alabama State Board of Public Accountancy in the amount of **\$75.00** for the required annual firm permit fee. The firm registration is due on October 1, 2016; however, the rules do provide a grace period for filing through December 31, 2016. All manually completed firm registration forms and fees should be mailed to the Alabama State Board of Public Accountancy, PO Box 300375, Montgomery, Alabama 36130-0375.

In the event of any change in legal form of a firm, the new or successor firm must apply for an initial firm permit within 30 days and pay the required **\$75.00** annual firm permit fee. (Please contact the Board office to complete a firm name change.)

Section 34-1-2 of the Code of Alabama 1975 defines firms as sole proprietorships, partnerships, professional corporations, professional associations, limited liability companies, limited liability partnerships or any other form of business entity now or hereafter recognized by Alabama law. If you are practicing as a sole proprietorship, you must register annually as an individual CPA or PA **and** as a firm. If you are practicing as a sole proprietorship or have created a new firm of another type and such firm is not currently registered with the Board, it is your responsibility to contact the Board office, register the firm and obtain a firm permit to practice for 2016-2017.

Resident managers of all firms and firm offices in Alabama must be CPAs and/or PAs who hold valid annual permits to practice (active status). CPAs and/or PAs not practicing public accounting or who are otherwise ineligible for an annual permit or who have elected inactive or retired status cannot serve in the capacity of resident manager for a firm or firm office in Alabama.

**DELINQUENT STATUS:** Firm registrations submitted online or postmarked after December 31, 2016 are considered delinquent. A \$100.00 penalty is due for firm registrations submitted from January 1, 2017 through March 31, 2017. The penalty increases to \$500.00 for firm registrations submitted April 1, 2017 through September 30, 2017. After that date, disciplinary actions ensue for unpaid fees and penalties; therefore, we encourage you to file as near the October 1, 2016 due date as possible.

**2016-2017 REGISTRATION OF FIRM NAME AND OFFICE FORM:** Please complete all applicable data elements.

*The front side of the form contains four sections for completion as described below.*

**REGISTRATION OF FIRM:** This section should be self-explanatory with the clarification that the Resident Manager must be an active Alabama CPA or PA. The Resident Manager will be the sole proprietor, managing partner, managing shareholder, or managing member of the firm. The certificate number and last four digits of the Social Security Number of the Resident Manager must be included. **NOTE: The firm registration will not be processed until the individual registration of the firm's Resident Manager has been processed.**

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):** Please input your 9-digit FEIN. **NOTE:** If you are a Sole Proprietor you may not have an FEIN.

**REPORTS ISSUED BY YOUR FIRM:** This section must be completed in its entirety. Accurate completion of this section is critical because this data is used to determine whether a firm Peer Review is required.

**PEER REVIEW:** The data elements requested in this section should be self-explanatory. **Firms with Peer Reviews due in 2016 but not completed will not be registered until the Peer Review is complete.** Firms with Peer Reviews completed in 2016 must submit a copy of the Peer Review Report **acceptance letter** from the administering entity. The letter may be sent prior to or with the Firm Registration Form, although the earlier submission is encouraged. A Peer Review is considered completed when the firm has taken all actions required by the Peer Review Committee and has been notified of the completion of the review by the administering entity.

**SIGNATURE BLOCK:** This section requires the original signature of the firm's Resident Manager and the date signed.

*The reverse side of the form contains three sections for completion as described below. Attach additional pages if necessary.*

**REGISTRATION OF ADDITIONAL OFFICE(S):** This section should be completed **only** by firms that have more than one physical office in Alabama. The Resident Manager of each additional office must be an active Alabama CPA or PA. Such resident manager may serve in such capacity in only one office in this State, which shall be his principal place of employment and which he manages on a continuous, full-time basis. The certificate number and last four digits of the Social Security Number of the Resident Manager must be included.

**FIRM EMPLOYEES:** This section must be completed by listing **only** CPAs and PAs affiliated with the firm. The listing must include the names of all CPAs and PAs that are owners and/or employees of the Firm. The data elements requested are name, indication of CPA or PA, certificate number, class within the firm (O=Sole Proprietor, P=Partner, S=Shareholder, M=Member, E=Employee), and office location.

**NON-LICENSEE OWNERS:** This section must be completed by indicating the percentage of firm ownership by licensees and non-licensees and by listing all non-licensee owners (NLO) affiliated with the firm. The data elements requested are name, indication of previous CPA or PA licensing (yes or no response), percentage of time devoted to the firm (shown as "Percent Work Time"), percentage of firm ownership, and office location. Licensed Owners and all owners are Active Individual licensees as defined by § 34-1-6 (a)(1), Code of Alabama 1975. All NLOs are Active Individual Participants as defined by § 34-1-6 (a)(5)(b), Code of Alabama 1975.

NOTE: All non-licensee owners of Alabama CPA and PA firms are required by law to register annually with the Alabama State Board of Public Accountancy, pay an annual registration fee, and satisfy continuing education requirements. Registration must be accomplished for renewing and new NLOs. The NLO must register and pay the required amount of \$75.00 for the required annual fee, and submit CPE, if applicable.

**FIRM NOTIFICATION REQUIREMENTS:** Firms must notify the Board in writing within 30 days of any of the following events occurring:

- (a) Change of firm address;
- (b) Formation of a new firm;
- (c) Addition, withdrawal, retirement, or death of a partner, member, manager, shareholder, or non-licensee owner;
- (d) Any change to the name of the firm;
- (e) Termination of the firm;
- (f) Change in the resident manager of any office or branch office in this state;
- (g) Establishment of a new branch office or the closing or change of address of a branch office in this state; and
- (h) The occurrence of any event that would cause the firm to be in non-compliance with Alabama's Accountancy Law and Board Rules.

Such changes can be mailed or faxed (334-242-2711) to the Board office. There is also an on-line Firm Change of Information Form on our website at <http://www.asbpa.alabama.gov>.

**2016–2017 REGISTRATION OF FIRM NAME AND OFFICE FORM**

**ALABAMA STATE BOARD OF PUBLIC ACCOUNTANCY**

**PO BOX 300375**

**MONTGOMERY, AL 36130-0375**

**Phone: 334-242-5700 ~ Web site: www.asbpa.alabama.gov**

**Registration Fee - \$75.00**

**DUE OCTOBER 1, 2016**

*The following information is required to comply with the provisions of Sections 34-1-6, 34-1-9, 34-1-10, and 34-1-11, Code of Alabama 1975, to register your firm name and office for the fiscal year October 1, 2016 to September 30, 2017. To register on-line using a credit card, go to the web site listed above.*

CPA or  PA Firm #: \_\_\_\_\_ Date Firm Created: \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Firm Phone: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ - \_\_\_\_\_

Type of Firm:  Sole Proprietor  Partnership  PC  PA  LLC  LLP  Corporation

Resident Manager: \_\_\_\_\_  
First Middle Last Suffix

Cert #: \_\_\_\_\_ SSN: xxx – xx – \_\_\_\_\_

Phone: \_\_\_\_\_ →  Home,  Work or  Cell

Email: \_\_\_\_\_

**REPORTS ISSUED BY YOUR FIRM** Place an "X" by applicable reports.

_____ Audit Reports	_____ Review Reports
_____ Compilation Reports	_____ Special Reports
_____ Employee Benefit Plan Audit Reports (ERISA)	
_____ Government Single Audit Reports	_____ No Reports Issued

**PEER REVIEW** Firms with Peer Reviews **due in 2016**, must submit a copy of the Peer Review Report acceptance letter from the administering entity.

Date of Last Review: \_\_\_\_\_ Peer Review Number: \_\_\_\_\_

Performed by: \_\_\_\_\_ End Date of Last Review Period: \_\_\_\_\_

Next Review Due: \_\_\_\_\_

**\*IMPORTANT PAYMENT INFORMATION:** To avoid paying a late penalty, registration forms must be postmarked on or before December 31, 2016. Registration renewals received with a postmark after this date are subject to a late renewal penalty. The penalty is \$100 for renewals postmarked from January 1, 2017 through March 31, 2017. The penalty is \$500 for renewals postmarked on or after April 1, 2017. After September 30, 2017 disciplinary hearings will be held.

*I declare that I have registered all offices of this firm which practice Public Accountancy in Alabama; that I have listed the name, Social Security Number, and Alabama certificate number of each resident manager; and that I have listed the names of all Alabama Certified Public Accountants, Public Accountants, and non-licensee owners affiliated with this firm. I further declare that I will promptly report to the Alabama State Board of Public Accountancy any changes to the lists of offices, partners, shareholders, members, resident managers, or non-licensee owners that occur during the period of this registration. Furthermore, I certify under penalty of perjury that all representations made on this form are true and accurate.*

\_\_\_\_\_  
Signature of Resident Manager

\_\_\_\_\_  
Date

<b>ASBPA USE ONLY</b>	
DR _____	DP _____
RF _____	LRP _____ TR _____
NOTES:	

**REGISTRATION OF ADDITIONAL OFFICE(S)** *This section should be completed only by firms that have more than one office in Alabama. The name, Alabama certificate number and Social Security Number of the Resident Manager are required.*

Address of Additional Office(s)

Resident Manager/Alabama Cert. No./SSN

_____	_____
_____	_____
_____	_____

**FIRM EMPLOYEES** *CPAs and PAs Only*

<u>Name</u>	<u>CPA or PA</u>	<u>Certificate Number</u>	<u>Class<sup>1</sup></u>	<u>Office Location</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes: O=Sole Proprietor P=Partner S=Shareholder M=Member E=Employee

**NON-LICENSEE OWNERS** *Reference instructions for NLO details*

Percent of the firm owned by licensees: \_\_\_\_\_ Percent of the firm owned by non-licensees \_\_\_\_\_

<u>Name &amp; NLO #*</u>	<u>Previously a CPA or PA?</u>	<u>Percent Work Time</u>	<u>Percent Ownership</u>	<u>Office Location</u>
<small>*Please register as an NLO, if not currently registered</small>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____