

**CLOSING OF FIRM**

Alabama State Board of Public Accountancy

PO Box 300375

Montgomery AL 36130-0375

334-242-5700 www.asbpa.alabama.gov

**The following to be completed by the firm's Resident Manager.**

Please Print Legibly

Firm #: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Resident Manager: \_\_\_\_\_ Cert #: \_\_\_\_\_

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

**Please answer the following questions:**

1. Is the firm currently enrolled in Peer Review? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, what is the client year end of the last report issued? \_\_\_\_\_

2. Will you be performing tax services using your name after the firm is closed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Will you be performing any audits, compilations, or reviews after the firm is closed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. Are you the only employee of the firm? Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. Is the closure of this firm the result of a merger with another CPA firm? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, please provide the name of the other CPA firm: \_\_\_\_\_

6. Is the closure of the firm due to retirement of your CPA license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If No, please list the type of work you will be doing and/or provide the name of your employer. \_\_\_\_\_

Comments: \_\_\_\_\_

• I am no longer performing anything that is considered practicing public accounting as described in [Ala. Admin. Code r. 30-X-1-.01\(f\)\(1\)](#).

• I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. I certify under penalty of perjury that all representations made on this form are true and accurate.

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

\_\_\_\_\_  
Date