

**Certified Public Accountant
Form 6C**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Professional Corporations Unit
518-474-3817 Ext. 400
opcorp@nysed.gov
www.op.nysed.gov

Certification of Ownership and Attest Competency

Federal Employer Identification: _____

New York State Firm Number: _____ (leave blank for initial registration)

Firm Name: _____

Mailing Address: _____

Contact Person: _____

E-mail Address: _____

This form is completed and submitted with CPA Form 6R, CPA Form 6T and to update owners on record at the Department.

For initial and triennial registrations: Your firm is required to report all owners. The CPA Form 6C must include all CPAs whose principal place of business is NYS and those CPAs signing or supervising attest or compilation services for NYS clients whose principal place of business is outside NYS. For all owners who are not listed on the CPA Form 6C, you must attach an additional list including their name, license number(s), state(s) where issued, and their state of principal place of business.

Annual report forms: Your firm is only required to report owners who have been admitted or who have left the firm.

Instructions for filling out the CPA Form 6C: For each owner listed on the CPA Form 6C, you must provide their name, State of Principal Place of Business (PPB), residential address, office address, indicate if the owner signs or supervises attest and/or compilation services for NYS clients, status, and CPA license number(s) with issuing state. Attach additional sheets if necessary.

Firm Owners (Note: The affirmation on page 2 must be signed.)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: ____/____/____

CPA license number (Issuing State): _____ (____) _____ (____) _____ (____)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: ____/____/____

CPA license number (Issuing State): _____ (____) _____ (____) _____ (____)

Firm Owners (continued)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: _____ / _____ / _____

CPA license number (Issuing State): _____ (_____) _____ (_____) _____ (_____)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: _____ / _____ / _____

CPA license number (Issuing State): _____ (_____) _____ (_____) _____ (_____)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: _____ / _____ / _____

CPA license number (Issuing State): _____ (_____) _____ (_____) _____ (_____)

Name: _____ State of PPB: _____

Residence address: _____

Office address: _____

Does this owner sign or supervise attest and/or compilation services for New York State clients? Yes No

Status (check one): Admitted Continuing Resigned Terminated Retired Deceased Date: _____ / _____ / _____

CPA license number (Issuing State): _____ (_____) _____ (_____) _____ (_____)

Affirmation

Under penalty of perjury, I affirm to the best of my knowledge that the licensees listed above as supervising or signing attest and/or compilation engagements are all of the firm's owners who are responsible for supervising attest or compilation services or signing or authorizing someone to sign the accountant's report on financial statements on behalf of the firm and that these licensees so identified, and any licensee authorized to sign the accountant's report on financial statements on behalf of the firm, have met the competency requirements as required under the Rules of the Board of Regents Section 29.10(a)(13).

Signature of sole proprietor, partner, member or shareholder

Date

Print Name

CPA License Number

Mail this form to: The New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Corporations Unit, 89 Washington Avenue, Albany, NY 12234.