Public Accounting Firm Annual Report Form
(Registered Firms MUST Complete This Form Annually)

Statement Filing Date: 
Firm Number:  

Mailing Address:  
(indicate changes to the right)  

E-mail Address:  
Contact Person: 

**Instructions:** This form must be completed by the CPA or PA who accepts responsibility for this firm. Each item must be completed. Incomplete forms cannot be accepted. Complete both pages of this form. Be sure to sign and date the certification and return the entire form with any required documentation to the address at the end of the form.

**Firm and Owner Information**

1. Has the firm formally dissolved and terminated operations? (Firms not formally dissolved must maintain a registration. If dissolved, attach proof of dissolution, including dissolution date.)  
   □ Yes □ No  

2. Has the firm been acquired by another firm? (If yes, include an explanation, including the name of the acquiring firm and the date acquired.)  
   □ Yes □ No  

3. Have there been any change in the firm's ownership in the last 12 months?  
   □ Yes □ No  
   
   **Note:** If yes, complete, sign and attach a Certification of Ownership and Attest Competency (Form 6C).

4. Has the firm opened or closed any business locations?  
   □ Yes □ No  
   
   If yes, attach a list of the physical address, and the mailing address if different, of each location and indicate if the change is an opening or closing.

5. Has the firm been subject to disciplinary action or been denied a registration, permit or license by another state or jurisdiction in the last 3 years? (If yes, attach an explanation.)  
   □ Yes □ No  

**Peer Review Information**

Attest services and accounting professional are defined in Education Law, Article 149, Section 7401-a and the Regulations of the Commissioner, Part 70, Section 70.10, respectively. The Law and Regulations are available on our web site at www.op.nysed.gov/prof/cpa/cpalaw.htm. (Note: There must be a yes answer to either question 3 or 4.)

1. Has the firm provided attest services in the last 12 months?  
   □ Yes □ No  

2. Has the firm provided governmental attest services as defined in Section 7410.4 of Article 149 in the last 12 months?  
   □ Yes □ No  

3. Does the firm have one owner and register with the New York State Education Department (NYSED) as a sole proprietorship?  
   □ Yes □ No  

4. Does the firm have one or more owners and register with NYSED as a partnership, LLP, LLC or PC?  
   □ Yes □ No  

5. Does the firm have three or more accounting professionals (CPAs/NYS PAs), including owners and staff?  
   □ Yes □ No  

6. Is the firm subject to inspections conducted by the Public Company Accounting Oversight Board (PCAOB) as required by the Sarbanes-Oxley Act of 2002?  
   □ Yes □ No
7. Has the firm adopted a system of quality control in accordance with the provisions of the AICPA Statements on Quality Control Standards? ☐ Yes ☐ No

8. Has the firm undergone a quality review of their quality control system in accordance with the provisions of the AICPA Statements on Quality Control Standards within the past 3 years? ☐ Yes ☐ No

9. Is the firm required to participate in the Mandatory Quality Review Program pursuant to New York State law? ☐ Yes ☐ No

A firm is required to participate if it has:

An affirmative response to questions 2; or

An affirmative response to questions 1, 4 and 5.

A firm may claim an exemption from the Mandatory Quality Review Program if it has:

A negative response to questions 1 and 2; or

An affirmative response to question 3, while having a negative response to questions 2; or

An affirmative response to question 4, while having a negative response to questions 2, and 5.

10. If the firm is exempt from mandatory participation in the Mandatory Quality Review Program, will the firm participate in the program on a voluntary basis? ☐ Yes ☐ No

Affirmation

This Form must be signed on behalf of the firm by an authorized partner or officer of the firm.

I, the undersigned, affirm under penalties of perjury that I am a certified public accountant licensed or otherwise authorized to practice public accountancy in New York State, my office and principal place of business being located at _______________________________________________; that, to the best of my knowledge, all statements made in this application regarding the said firm are true; that said firm has complied with all provisions of the laws of this State applicable thereto including but not limited to the provisions of Article 149 of the NYS Education Law, and all applicable provisions of the Rules of the Board of Regents and Regulations of the Commissioner of Education; that the sole proprietor or each partner, member, or shareholder in such firm is in good standing as a certified public accountant of one or more of the States or political subdivisions of the United States or a public accountant licensed in this State; that no state or political subdivisions of the United States has revoked the certificate of the sole proprietor or any partner, member, or shareholder of said firm; and that the sole proprietor or each partner, member, or shareholder of said firm engaged within this State in the practice of public accountancy, is a certified public accountant or public accountant of this State in good standing and is registered by the New York State Education Department or is otherwise authorized to practice in this State and is in good standing as a certified public accountant in his or her state of principal place of business.

_____________________________________________________________________________ _________________________ ( _____ )
Signature of responsible CPA CPA License number (State)

_____________________________________________________________________________ _________________________________
Printed Name Date

Mail this form: The New York State Education Department, Office of the Professions, New York State Board for Public Accountancy, 89 Washington Avenue, Albany, NY 12234.