

Certified Public Accountant Form 6C Certification of Ownership and Attest Competency

This form can be used to updated owners on record at the Department outside of the firm's annual statement or triennial registration.

Instructions: For each owner listed on the Certified Public Accountant 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 New York State clients, status, and CPA license number(s) with issuing state. Be sure to sign and date the affirmation and return the entire form to the Office of the Professions at the address at the end of the form. Attach additional sheets if necessary.

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.

Firm Number _____

Firm Name _____

Mailing Address

Federal Employer Identification _____

Email Address _____

Contact Person _____

Firm Owners

1. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

2. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

3. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

Firm Owners (continued)

4. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

5. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

6. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State CPA License number Issuing State

7. 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 _____
mo. day yr.

CPA License number Issuing State CPA License number Issuing State 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 _____ Date _____
Print Name _____ CPA License Number _____

Mail this form to: New York State Education Department, Office of the Professions, Professional Corporations Unit, 89 Washington Avenue, Albany, NY 12234-1000.