

Certified Public Accountant Form 6T CPA Firm Triennial Registration

This form must be completed by the CPA who accepts responsibility for this firm

Instructions: Complete all pages of this form. Be sure to sign and date the affirmation and return the entire form along with the appropriate fee and any required documentation to the Office of the Professions at the address at the end of the form.

Statement Filing Date _____

Firm Number _____

Firm Name _____

Mailing Address
(Indicate changes
to the right)

Federal Employer Identification _____

Fill in Amount Paid \$ _____

E-mail Address _____

Contact Person _____

Fee Calculation: Please pay the minimum fee **OR** the sliding scale fee, whichever is greater.

1. The minimum fee: Professional Corporations (PCs) **\$105**
LLCs, LLPs, Partnerships and Sole Proprietorships **\$60**

OR

2. The sliding scale fee: The minimum \$50 office fee and \$50 for each additional New York State office, plus the minimum \$10 owner fee and \$10 for each additional owner whose principal place of business is New York State and any CPA signing or supervising attest services for New York State clients whose principal place of business is outside New York State.

$$(\$50 \times \underline{\hspace{2cm}}) + (\$10 \times \underline{\hspace{2cm}}) = \$ \underline{\hspace{2cm}}$$

Office Fee (Min. 1) Owner Fee (Min. 1) Total Fee (Min. \$60)

Note: If your firm does not have any offices in New York State, enter 1 for the \$50 office fee. For sole proprietors, partners of general partnerships or partners of LLPs, if your firm does not have a New York State CPA, enter 1 for the owner fee. For PC and PLLC, at least one owner must be a New York State licensee.

Be sure to make check or money order payable to the New York State Education Department.

Firm Information

1. Does the firm have one or more offices in New York State? (If not listed above, provide a list of the physical address of each office location in New York and the name of the responsible individual in charge of that office.) Yes No
2. Has the firm applied for or does it hold a registration, permit, or license as a public accounting firm in another state? (If yes, provide a list of any additional state(s), including the firm registration number and the status of any pending application.) Yes No
3. 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
4. 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
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

Firm Owners

Provide a complete list of all owners. The firm 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 6T, you must attach an additional list including their name, license number(s), state(s) where issued, and their state of principal place of business.

For each owner listed on the CPA Form 6T, 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

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

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

Firm Services Information

Identify the services the firm plans to perform or has performed.

Attest services include audits, reviews and examinations conducted under the following standards: Statements on Auditing Standards, Statements on Standards for Accounting and Review Services, Statements on Standards for Attestation Engagements, Government Auditing Standards, and audits of non-SEC issuers performed pursuant to the standards of the PCAOB.

A. Attest Services

Audits Reviews Attestation Engagements Agreed Upon Procedures

B. Non-Attest Services

Compilations Taxes Management Consulting Financial Consulting

Other

Peer Review Statement - Education Law Section 7410 and Regulations of the Commissioner Section 70.10

In accordance with the Mandatory Peer Review Program, a firm must participate in this program if it performs attest services.

Complete A, B and C as appropriate.

A. Fill out this section if the firm is not required to participate in a peer review program.

The firm is not required to participate in a peer review program because the firm does not provide any attest services as defined in Education Law Section 7401-a(1).

B. Initial peer review. The firm has enrolled into the peer review; however, has not had a peer review conducted.

Date initial peer review needs to be completed by (18 months from when the initial services were performed) _____

Provide a copy of your enrollment letter. If your firm will provide attest services, the firm will be required to provide evidence of enrollment in an acceptable peer review program within 30 days and you must complete the peer review within 18 months of the date such services were first provided.

C. The firm is participating in the peer review program. For firms that have already had a completed peer review.

AICPA firm number _____

Last Peer Review Period _____ If over three years, provide a letter of explanation for the overdue peer review.

Next Peer Review Due Date (from former acceptance letter) _____

Last Peer Review Rating Pass Pass with Deficiencies Fail (Must complete item C of the Competency Statement Section below)

Sponsoring Organization (Administering Organization)

AICPA Peer Review Program administered by NPRC

AICPA Peer Review Program administered by PICPA

AICPA Peer Review Program administered by _____

Is the firm registered with the PCAOB? Yes No

Did you provide access for your peer review to New York State Board in PRIMA on the AICPA website? Yes No

If yes, no further action is required.

If no, it is required that the firm provide access to these documents in PRIMA as per the Regulations of the Commissioner.

