

OKLAHOMA ACCOUNTANCY BOARD (OAB)
4545 North Lincoln, Suite 165, Oklahoma City, OK 73105-3413
(405) 521-2397

INDIVIDUAL REGISTRANT REPORTING FORM - DUE JULY 31

SHOW CHANGE OF NAME OR MAILING ADDRESS IF DIFFERENT THAN AT LEFT. A CERTIFIED COPY OF APPROPRIATE LEGAL DOCUMENT MUST ACCOMPANY REQUEST FOR NAME CHANGE.

(Name) _____	(Cert. /License Number, If Known) _____	_____
(Address) _____		_____
(City) _____	(State) _____	(Zip Code) _____

Complete all information required on this form and submit to the OAB. If needed, instructions are available for download on the OAB website at www.ok.gov/oab under "Forms" or contact the OAB.

PART I: INFORMATION OF RECORD – REQUIRED

Changes of professional status or mailing address which occur subsequent to registration **MUST** be reported to the OAB within 30 days of the change.

	Yes	No
(1) Have any of the following events ever occurred <u>that have not been previously reported to the OAB</u> : (a) have you been arrested; (b) have you been charged with a crime or are any charges against you pending at this time; (c) have you pled guilty or nolo contendere to any charge(s); (d) have you been convicted of a crime? If yes to any of these questions, attach a signed explanation.	_____	_____
(2) Since your previous application or registration filed with the OAB, have you been disciplined or had a CPA certificate, PA license or practice privilege of any other jurisdiction or foreign country cancelled, revoked, or suspended; have you been refused licensing or renewal of a license or permit by any regulatory agency; or are any disciplinary actions pending at this time? If yes, attach a signed explanation.	_____	_____
(3) Have you had any professional credential cancelled, revoked or suspended by enforcement action that has not been previously reported to the OAB? If yes, attach a signed explanation.	_____	_____
(4) Do you practice any public accounting? (See Oklahoma Accountancy Act 15.1A.31 for the definition of public accounting.)	_____	_____
(5) a. If you answered "Yes" to 4 above, is your accounting office located in Oklahoma?	_____	_____
b. Do you enter Oklahoma from another jurisdiction to serve clients in Oklahoma?	_____	_____
(6) Primary/Full Time Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Practice of Public Accounting: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate status (check all that apply): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Staff/Employee Business Name or Employer _____ Business Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Address City State Zip Code </div>		
(7) Secondary/Part Time Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Practice of Public Accounting: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate status (check all that apply): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Member (LLC or PLLC) <input type="checkbox"/> Staff/Employee Business Name or Employer _____ Business Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Address City State Zip Code </div>		
(8) <input type="checkbox"/> Not presently employed <input type="checkbox"/> Retired and not employed <input type="checkbox"/> Disabled beyond all gainful employment		

PART II: ACCOUNTING SERVICES PERFORMED - REQUIRED

(9) Indicate all services associated with accounting work performed in calendar year 2006, whether for an employer, the public, or anyone other than yourself or non-compensated services for immediate family members. Do you...

- a. perform audits? _____ Yes _____ No
- b. perform reviews? _____ Yes _____ No
- c. perform compilations? _____ Yes _____ No
- d. provide attest services? _____ Yes _____ No
- e. provide investment counseling? _____ Yes _____ No
- f. provide tax planning services (consult on tax matters, conduct studies on tax matters, or prepare reports on tax matters)? _____ Yes _____ No
- g. prepare tax returns? _____ Yes _____ No
- h. perform financial planning services? _____ Yes _____ No
- i. keep books, prepare trial balances, prepare financial statements, or prepare financial reports? _____ Yes _____ No
- j. perform any management advisory services, which include: _____ Yes _____ No
 - counseling management in analysis, planning, organizing, operating, risk management and controlling functions,
 - conducting special studies, preparing recommendations, proposing plans and programs, and providing advice and technical assistance in their implementation,
 - reviewing and suggesting improvement of policies, procedures, systems, methods, and organization relationships,
 - introducing new ideas, concepts, and methods to management?

PART III: CPE EXEMPTION - REQUIRED

NOTE: If you checked yes to any question in Part II, you are not eligible for exemption unless you changed to a retired status in 2006.

- (10) a. _____ I am not claiming an exemption to the CPE requirement for calendar year 2006 (go to Part IV); **OR**
- b. _____ I am claiming an exemption to the CPE requirement for calendar year 2006 and certify that I have not performed as of the beginning date of my exempt status any of the services listed in Part II for my employer, the public or anyone other than myself or non-compensated services for my immediate family members:
- (11) I am claiming an exemption to the CPE requirement for calendar year 2006 on the following basis:
 - a. _____ I am a retired certificate or license holder. I am not employed, nor do I practice public accounting.
 - b. _____ I am a certificate or license holder on active military service.
 - c. _____ I am a disabled certificate or license holder. Due to medical circumstances, I am not employed, nor do I practice public accounting.
 - d. _____ I am a certificate or license holder who is not employed or who is employed but not performing any services associated with accounting work, such as but not limited to the services listed in Part II above.

(12) _____ Beginning date of exempt status. (MM/YY)

(13) _____ By initialing this line I certify that I understand that I am required to notify the OAB within 30 days of any change in my employment status that would affect my CPE exemption.

PART IV: CPE REPORTING INFORMATION – REQUIRED UNLESS CLAIMING AN EXEMPTION

(14) I am reporting CPE for the period January 1 through December 31, 2006, during which I earned _____ total CPE credits, which includes _____ professional ethics (2 credits are required)

(15) Of the total credits reported in the preceding question,
 _____ credits relate to the practice of public accounting
 _____ credits are in the areas of taxation, accounting, or assurance
 _____ credits are related to my industry, governmental, or academic position

(16) Indicate appropriate compliance period:

- a. _____ All CPE credits were earned in calendar year 2006 **OR**
- b. _____ All CPE credits were earned in the 365-day period immediately preceding my official application date. This choice is available only if you are applying for an initial permit or to renew a lapsed permit.

If this form is not postmarked on or before July 31, 2007 or you have not submitted an electronic filing on or before that date, a late fee is assessed for the registration of your CPA certificate or PA license.

(24) Registration Fee – Check the ones that apply to you:

a. _____ My certificate or license number ends in an **even** number. I am **NOT** required to register this year. **No registration fee applies.**

b. _____ My certificate or license number ends in an **odd** number. I am therefore required to register my CPA certificate or PA license. Check appropriate registration fee:

_____ Registration of CPA certificate or PA license - **\$100 (\$200 if late fee applies*)**

_____ Registration of CPA certificate or PA license if currently age 65 or older - **\$50 (\$100 if late fee applies*)**

_____ Registration of CPA certificate or PA license for individuals who turn age 65 after July 31, 2007 but on or before July 31, 2008 - **\$75 (\$150 if late fee applies*)**

_____ Disabled beyond all gainful employment – **Fee waived**

***As indicated above, the late fee applies if the form is not postmarked on or before July 31, 2007 or completed online on or before that date.**

(25) Permit Fee – Check one:

a. _____ **NOT** applying for a permit to practice - **No permit fee applies**

b. _____ Applying for a permit to practice - **\$100**
If you have applied for a waiver of the registration fee, you may not apply for a permit.

(26) _____ Peer Review Report Fee **\$100** (required only if you are submitting an adverse or modified peer review report).

(27) I am submitting a total fee of \$_____.

Add the fees from 24, 25 and 26 together to arrive at the total fee due. Make check or money order payable to OAB. **You are strongly encouraged to send one check for all fees.** If you wish to pay by credit card or electronic funds transfer, you must renew online.

Please be aware that most information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, peer review reports).