### NEBRASKA BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725, Lincoln, NE 68509-4725 (402) 471-3595 or (800) 564-6111

Website: www.nbpa.nebraska.gov Fax: (402) 471-4484

# APPLICATION FOR RENEWAL OF FIRM PERMIT FOR July 1, 2024 to June 30, 2025 and REGISTRATION OF OFFICE & WORK SPACE LOCATIONS

**CURRENT PERMITS EXPIRE JUNE 30, 2024.** The application must be completed and signed by the **CPA in charge** in Nebraska or the **Nebraska licensee ("Office Manager")**, include the \$100 fee for an annual permit <u>AND</u> each Nebraska office registration fee (\$50 per), and have an <u>original</u> signature. Incomplete applications will be returned unprocessed and deemed not to have been received.

applications will be returned unprocessed and deemed	not to have been received.		
Firm:			
Manager:			
Address:			
City, State, Zip			
Phone:	Fax#:		
Licensed as:  (Form of Business Entity)	E-mail:		
(Form of Business Entity)			
<ul> <li>(Note: If you wish to change how your firm is licensed and registered in Nebraska, you must contact the Board's office for the appropriate forms and information. DO NOT send in this form - this form is to renew the current firm permit only and to register the firm's office and work space locations.)</li> <li>DISCLOSURE STATEMENTS</li> <li>Since the date of your last application for a permit, has your firm had any application for licensure denied, or any professional or vocational license revoked or suspended, has your firm signed any stipulation or consent order or agreement with a state or federal agency, or been subject to any investigative or other disciplinary action regarding such a license in this state or any other state or by a state or federal agency or AICPA or any state CPA Society?         <ul> <li>No.</li> <li>Yes; Attached are details regarding type of license, name and location of licensing agency, violation charged, action taken (including stipulation and consent orders), effective date of sanction, and any other pertinent information.</li> </ul> </li> </ul>			
<ul> <li>2. Since the date of your last application for a permit, has your firm been named as a party in a lawsuit, binding arbitration, or federal or state administrative proceeding involving Nebraska licensees or your Nebraska practice, regardless of where the lawsuit or binding arbitration was filed?</li> <li>No.</li> <li>Yes; Attached are details regarding date of filing of lawsuit or arbitration, name and location of the court or arbitration, summary of allegations, disposition of the lawsuit, or binding arbitration, or status if still pending, and any other pertinent information.</li> </ul>			
State Board Use Only (4/23)			
Date Recd Check # A	mount: \$100		
Permit # Issued: Code: 475108(PC) 475	111(P.) 475109(LLC) 475110(LLP)		
Receipt # Issued for Office Registration: (a) \$50	per office = \$ Code: 475106(PC) 475107(LLC)		

		e firm is organi	zed under the la	ws of whi	ch state?						
2.			nized under the lg in that state?					•			and/or
			QUIREMENT a failed Peer Re				?Y	es _	No		
a. b. c.		This firm has This firm was	f the following something the been reviewed unot issued any and first licensed with blied in a Peer Rolled in a Peer Rolled	nder Peer udits, rev thin the p	Review iews or coast three	within the last compilations in eyears.	t three year the last th				
5.	If Y	Yes, is a Disclo	rm have a subsid sure Statement f sidiary or affiliat	or Separa	tion of S	ervices comp	leted for each	ch client of	f this CPA		
6.		Yes, has the firm	ve years, has this m completed a D (Title 288 Cha	isclosure	Stateme	nt for Commi	ssions, Con	tingent fee	_		No
7.			umber of LICE ers are licensed					nd OUTSII	DE Nebrasl	ка?	
	(Ca **] ans	alculate numbe If the firm has swer the follow	number of NON- r as of May 1, 20 any owners wh ving questions a finition of a "nor	)24. You o are NC -i pursua	must pro OT certifant to Se	ovide a <b>numb</b> ied public ac ection 1-162.0	er.) countants o	or public a	accountant	s, you mus	t
	<u>Fir</u>	ms with non-l	icensed owners	(As of N	<b>1</b> ay 1, 20	024)					
	a.	"Actively partical accounting, in the whose primary s	on-licensed owne cipate" is defined a ne nature of manage ource of income fro the business entity.	as the prov ment, perfo	iding of pormance of	ersonal services f services for clic	in the busine ents, or simila	ess entity lic ar activities.	ensed in Neb Non-natural	raska to prac persons and	tice publi individual
	b.	Are there any	"non-natural po	ersons" o	f the firn	n? See above.	□ No I	□ Yes	(Attach page	e with specific	details.)
	c.	owners?_	equity capital, w	nnot exc	eed 49%	(1-162.01))		•			
		Of the firm's <b>voting rights</b> , <b>what percentage</b> is held or has been received by the total number of non-licensed owners?% (Cannot exceed 49% (1-162.01)) Of the firm's <b>profits or losses</b> , <b>what percentage</b> is held or has been received by the total number of non-licensed									
			profits or losses % (Ca				s been recei	ived by the	e total num	ber of non-l	icensed
	d.	company men	-licensed owner nber, director, of Public Account	ficer, or o	other offi						
		□ No		□Yes;	List nan	ne and title					

e.	Does any non-licensed owner have ultimate responsibility for the performance of any audit, review, or compilation of financial statements or other forms of attestation related to financial information?							
		No		Yes; List nam	ne			
f.		any non-licensed owner been charged or convicted of any felony under the laws of any state of the United es, or of any other jurisdiction?						
		No		Yes; Attach i	nformation with spe	ecific de	etails.	
g.		any non-licensed owner beer the laws of any state, of					ment of which is	s dishonesty or fraud,
		No		Yes; Attach	information with sp	ecific d	letails.	
h.	reve	any non-licensed owner hoked by a licensing agency ject of other final disciplinations.	of ar	ny state of the	United States or of			
		No		Yes; Attach	information with sp	ecific d	letails.	
i.		ny non-licensed owner in v he board relating to owners						
		No		Yes; Attach	information with sp	ecific d	letails.	
8.		t All Owners of the fir tificate number. Attach				and N	ebraska and/o	or other state CPA
LICEN FULL	NSEI LEC	O OWNERS in NE GAL NAME		OFFICE LO	CATION		NE CERT. #	
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								_
								-
						I		
_		O OWNERS (NOT NE) GAL NAME		FICE CATION	STATE LICENSED IN		HER STATE CERT. #	OTHER STATE PERMIT #
						<u> </u>		
						. === 0.3	-	
NON-LICENSED OWNERS – any state FULL LEGAL NAME			OFFICE LOCA	ATION	<b>N</b>			
LICEN FULL	NSEI	O OWNERS (NOT NE)  GAL NAME  CNSED OWNERS – any s	LO				CERT.#	

#### OFFICE AND WORK SPACE REGISTRATION

The office registration is due June 30th to coincide with the firm permit renewal. According to Section 1-135 of the Public Accountancy Act of 1957, Revised, each office established or maintained for the practice of public accounting in this state by (1) a CPA, (2) a partnership of CPAs (3) a LLC of CPAs (4) an accountant from a foreign country, or (5) a corporation, SHALL BE REGISTERED ANNUALLY WITH THE BOARD.

Unless practicing under Mobility, each office shall be under the supervision of a manager who holds a Nebraska active permit ("Office Manager"). Such manager may serve in such capacity at one office only. Such manager shall be directly responsible for the supervision and management of the office and may be subject to disciplinary action for the actions of the person or firm or any persons employed by that office of the person or firm that relate to the practice of public accountancy.

Notification shall be given to the Board within thirty days of any change in managers of any office, and after the admission or withdrawal of a partner from any partnership or a member from any limited liability company so registered. Notification shall also be given the Board when any firm changes its name, opens a new office or closes an office. Our records reflect the address given on page one as the "headquarter location" for the firm. Please double check this address and make changes as necessary.

### FIRMS WITHOUT A NEBRASKA OFFICE:

If your firm does NOT have a Nebraska office, please record the office location(s) where business for Nebraska clients is conducted, reports for Nebraska clients are issued, etc. **There is NO charge for offices located outside Nebraska.** Simply return this completed application and the \$50 firm permit fee.

## **OFFICE LOCATIONS:**

Please list each **office** location of the firm below. Photocopy this page for more than five office locations and attach it to this application. Do not use Post Office addresses.

A \$50 fee is charged for each <u>Nebraska</u> office. Add this fee to the \$100 firm permit fee and return with completed application.

Office Manager (CPA with Permit)	Phone Number	Fax Number & E-mail
	Office Manager (CPA with Permit)	Office Manager (CPA with Permit) Phone Number

## **WORK SPACE:**

Title 288, Chapter 10 defines "work space" as a temporary location maintained by a CPA or PA firm. Work space shall be registered with the Board within ten days prior to first opening such work space, and the Board shall also be notified when such work space is closed for a period of more than thirty days. Work spaces may not be advertised on permanent window or door signs, display signs, building directories, letterhead, business cards or in telephone directories, newspapers or other types of advertising. Professional staff of a firm may practice public accountancy in such work space only on a part time basis. There is no fee for registering work space locations. This firm has the following work space location(s):

Street Address (include City, State, & Zip)	Phone Number	CPA Owner
1st		
2 <sup>nd</sup>		

Abbreviated Form of the Firms registered names: If your firm uses an abbreviated firm name, please submit a hard copy of your firm's letterhead to the Board office via U.S. mail or email: kristen.vanwinkle@nebraska.gov (Firm Guidelines: Form of Practice #4, 11-2008).

## **CERTIFICATION:**

Date

- IF THERE IS A NEBRASKA OFFICE, THIS FORM MUST BE SIGNED AND DATED BY THE NEBRASKA LICENSEE ("Office Manager").
- IF THERE IS NO NEBRASKA OFFICE, THIS FORM MUST BE SIGNED AND DATED BY THE CPA IN CHARGE OF WORK COMPLETED IN NEBRASKA.
- Only an original signature is acceptable.

**Signature** 

"I certify on behalf of the firm that the statements made herein are true and accurate to the best of my knowledge and belief."

Printed Name	
CPA License # and State Issued_	
Please make checks payable to Nebraska Board of Public Ac Amount Remitted: Firm Permit: Office Registration Fee: (\$50 x # of NE Offices)	\$ 100
Total Remitted:	<u>\$</u>