NEBRASKA BOARD OF PUBLIC ACCOUNTANCY P.O. Box 94725, Lincoln, NE 68509

APPLICATION FOR CPA FIRM (INITIAL SET-UP) AS A GENERAL PARTNERSHIP

This application form is to be used to establish a **new** Certified Public Accountant firm entity in order to practice public accountancy in the state of Nebraska. The application process for the Nebraska Board of Public Accountancy requires the completion and submission of this form; **fees of \$100**; and **Nebraska office fees** sent to the Board office at the address listed above. If you need assistance in the application process, please call our office.

I.	REGISTRATION O	OF THE FIRM (PAA: 1-	126; TITLE 288:	5-007.03, 1	1-002)	
1.	 Legal Name of General Partnership: Yes No Is the firm name appropriate under Law and Rules? (1-161; 5-007.03; 11-002) "Company" cannot be used with a professional corporation – only with partnerships and LLC's (see Law.) "Associates" must include full-time, permanent employees, other than the name(s) listed in the firm name (8/16/99.) Other terms/phrases, etc. may need to be reviewed by the Board (under Agency Declaratory Order.) 					
2.	Mailing Address for Hea	dquarter Office	D. Box)		(71)	
		(Street or P.C	D. Box)	(City)	(Zip)	
3.	Physical Address (if diffe	erent)				
		(Street)		(City)	(Zip)	
4.	Phone #					
5.	Fax #					
6.	E-mail:					
7.	Is the firm organized as	a legal entity - as a General	Partnership:			
	YesNo	Is at least one partner of the fir	m a Nebraska Certified			
	YesNo	Is each CPA partner personally a Nebraska CPA in good stand		in the practice o	f public accountancy	
	Yes No	Is each CPA partner a CPA of		iding?		
Yes No Are the managers in charge of your Nebraska office(s) certified public accountant of this State and in good standing?			c accountants			
		PLEASE ALSO CON AND RETURN TO THE NE		FFICE		
В	OARD USE ONLY:	Date Rec'd	Check #	_ Amount \$1	00 Code to: 475111	
Re	eceipt #	Date Issued	_ Added to Q	EP Year	(1/23)	

OWNERSHIP OF FIRM: (PAA: 1-162.01)

1. W	na	t is the total <u>number</u> of LICENSED OWNERS of the firm BOTH IN and OUTSIDE Nebraska?				
(*	As *I	at is the total <u>number</u> of NON-LICENSED OWNERS** of the firm BOTH IN and OUTSIDE Nebraska? of the last day of the month preceding this filing.)(You must provide a number .) f the firm has any owners who are NOT certified public accountants or public accountants, you must wer the following questions a-i pursuant to Section 1-162.01 of the Public Accountancy Act. Please refer to Act for the definition of a "non-licensed owner."				
I	f t	he firm's owners are 100% licensed CPAs or PAs, then skip to Firm Owner listing on page 3.				
a	•	ms with non-licensed owners: (As of the last day of the month preceding this filing) Of the total number of owners of the firm, what percentage constitute non-licensed owners?				
		□ No; Attach page with specific details. □ Yes				
publi Nonr	c a	Ply participate" is defined as the providing of personal services in the business entity licensed in Nebraska to practice accounting, in the nature of management, performance of services for clients, or similar activities. The persons and individuals whose primary source of income from the business entity is provided as a result we investment will not be considered as actively participating in the business entity. <i>Rules Chapter 11 004.03</i>				
c		Of the firm's equity capital, what percentage is held or has been received by the total number of non-licensed owners?				
d	l .	Does any non-licensed owner hold himself/herself out as a CPA, PA, owner, partner, shareholder, limited liability company member, director, officer, or other official in any manner with the exception of the term "principal" as defined by the Public Accountancy Act?				
		□ No □ Yes; List name and title				
e	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 name				
f	•	Has any non-licensed owner been named in a lawsuit or convicted of any felony under the laws of any state, of the United States, or of any other jurisdiction?				
		□ No □ Yes; Attach information with specific details.				
g	Ţ .	Has any non-licensed owner been named in a lawsuit or convicted of any crime, an element of which is dishonesty or fraud, under the laws of any state, of the United States, or of any other jurisdiction?				
		□ No □ Yes; Attach information with specific details.				
h	l .	Has any non-licensed owner had his/her professional or vocational license(s), if any, suspended or revoked by a licensing agency of any state of the United States or of any other jurisdiction or otherwise been the subject of other final disciplinary action by any such agency? No Yes; Attach information with specific details.				

		f any rule or regulation regarding the t certified public accountants or publi		nduct promu	lgated by
□ No □ Yes; Attach inform	nation w	vith specific details.			
List all Owners as of the last day of the CPA OWNERS	e month	RESIDENCE ADDRESS	OFFIC	CE	NE
FULL LEGAL NAME		(Street, City, State, ZIP)	LOCATION		CERT.#
NON-LICENSED OWNERS FULL LEGAL NAME		RESIDENCE ADDRESS (Street, City, State, ZIP)		OFFICE LOCATION	

II. REGISTRATION OF FIRM'S OFFICE(S) & WORK SPACE(S) (1-135; 288-10)

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 a permissible business entity, SHALL BE REGISTERD ANNUALLY WITH THE BOARD. After the initial registration of the firm's office(s), the registration will be renewed by June 30 of each year.

A \$50 fee is charged for each Nebraska office.

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 which 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 to the Board when any firm changes its name, opens a new office or closes an office.

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.

OFFICE LOCATIONS:

Please list each **office** location of the firm below. Photocopy this page for more than four office locations and attach it to this application. Do **not** use Post Office addresses for the physical address. Include City, State, & ZIP for both addresses.

Mailing Address	Physical Address	Phone Number	Office Manager* (CPA with Permit)
1 st			
(\$50)			
2 nd			
(\$50)			
3 rd			
(\$50)			
4 th			
(\$50)			

WORKSPACE:

Title 288, Chapter 10 defines "work space" as a temporary location maintained by a CPA or PA firm. Workspace shall be registered with the Board within ten days prior to first opening such workspace, and the Board shall also be notified when such workspace is closed for a period of more than thirty days. Workspaces 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 workspace only on a part time basis. There is **no fee** for registering workspace locations.

This firm the following workspace location(s):

Street Address (include City, State, & ZIP)	Phone Number	List Professional Staff There
1 st		
2 nd		

III. FIRM PERMIT TO PRACTICE [1-136(1)(c) and (e)] (\$100 Fee)

THIS PERMIT WILL EXPIRE JUNE 30th. Application <u>must</u> be completed and signed by the CPA in charge in Nebraska or the Nebraska licensee, include the \$100 firm fee for a permit and have an <u>original</u> signature. Incomplete applications will be returned unprocessed and deemed not to have been received.

1110	JOIII _]	piete applications will be returned unprocessed and decined not to have been received.
1.	firr inv	DISCLOSURE STATEMENTS thin the last twelve months has your firm had any professional or vocational license revoked or suspended, has your in signed any stipulation or consent order or agreement with a state or federal agency, or been subject to any estigative or other disciplinary action regarding such a license in this state or any other state or by the Federal vernment?
		No.
		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.
2.	Wi	thin the last twelve months has your firm been named in a lawsuit as a defendant with respect to lawsuits involving Nebraska licensees or your Nebraska practice, regardless of where the lawsuit was filed?
		No.
		Yes; Attached are details regarding date of filing of lawsuit, name and location of the court, summary of allegations, disposition of the lawsuit or status if still pending, and any other pertinent information.

CERTIFICATION:

THIS FORM MUST BE SIGNED AND DATED BY THE CPA IN CHARGE IN NEBRASKA OR BY THE NEBRASKA LICENSEE WHEN FIRM DOES NOT HAVE A NEBRASKA OFFICE BEFORE RETURNING TO THE BOARD. (Only an original signature is acceptable.)

"I, the undersigned, acknowledge that I have read and understand the Public Accountancy Act and the Board's Rules and Regulations, and agree to abide by them. I agree that the Nebraska State Board of Public Accountancy will be notified of the admission to or the withdrawal of a partner from this limited liability partnership within thirty (30) days."

Date	Signature	Signature		
	Printed Name _			
	Title Nebraska CPA Certificate #			
STATE OF				
		ss		
COUNTY OF		<i>y</i>		
applicant who signed the	_ day ofabove application, and who berein made were true and corr	eing duly sworn, decl	(year), before me personally appeared the ared that he/she is a partner of the applicant firm her knowledge and belief.	
(Seal)				
` /		Notary Public		