

NEBRASKA STATE BOARD OF PUBLIC ACCOUNTANCY

P.O. Box 94725

Lincoln, Nebraska 68509

**APPLICATION FOR ANNUAL
CERTIFICATE OF REGISTRATION (21-2216 TO 21-2218)**

AS A PROFESSIONAL CORPORATION OF CPAs OR PAs

Use this application form for the annual filing of a Certificate of Registration with the Secretary of State of **EXISTING** professional corporations of certified public accountants or public accountants. You will receive two copies of a Certificate of Registration; you must send one copy to the Nebraska Secretary of State with the appropriate fee. It expires twelve (12) months from date of issue.

FEE: \$30.00, payable to the Nebraska Board of Public Accountancy

1. **Legal Name** of Professional Corporation: _____
___ Yes ___ No Is "Professional Corporation" or abbreviation "P.C." within firm name? (21-2206)

2. Mailing Address for **Headquarter Office** _____
(Street or P.O. Box) (City) (Zip)

3. Physical Address (if different) _____
(Street) (City) (Zip)

4. Phone # _____ 5. Fax # _____

6. E-mail: _____ 7. Date of Incorporation _____

List All Owners as of the last day of the month preceding this filing. Attach additional sheets if necessary.

<u>SHAREHOLDERS</u>	<u>RESIDENCE ADDRESS</u>	<u>OFFICE</u>	<u>NE</u>
<u>FULL LEGAL NAME</u>	<u>(Street, City, State, Zip)</u>	<u>LOCATION</u>	<u>CERT. #</u>

<u>DIRECTORS:</u>	<u>NE CERT. #</u>	<u>NE PERMIT #</u>
<u>FULL LEGAL NAME</u>		

BOARD USE ONLY:	Date Rec'd. _____	Check # _____	Amount \$ 30.00	Code to: 475106	Receipt # _____	1/23
------------------------	-------------------	---------------	-----------------	-----------------	-----------------	------

OFFICERS:

FULL LEGAL NAME	TITLE	NE CERT. #	NE PERMIT #

NON-CPA OWNERS:

FULL LEGAL NAME	TITLE	RESIDENT ADDRESS	OFFICE LOCATION

LIST ALL PROFESSIONAL (LICENSED) EMPLOYEES:

FULL LEGAL NAME	TITLE (if any)	NE CERT. #	NE PERMIT #

LIST ALL OTHER (NON-LICENSED) EMPLOYEES:

FULL LEGAL NAME	TITLE (if any)	OFFICE LOCATION

Is principal executive officer a shareholder and director who is a Nebraska licensed CPA (or PA)?

Yes No **Name:** _____

AFFIDAVIT

This application for a Certificate of Registration **MUST** be signed by an officer of the business entity who is a Nebraska licensed CPA/PA. (11-005.01)

"I HEREBY CERTIFY that the above named professional corporation complies with the Nebraska Public Accountancy Act, Title 288, Revised and Substituted Rules of the Nebraska State Board of Public Accountancy, and the provisions of Sections 21-2201 to 21-2222 of the Revised Statutes, State of Nebraska. I also acknowledge that **Certificates of Registration expire 12 months from the date of issue.**"

Signature

Title

Date