

COMMISSION, CONTINGENT FEE OR REFERRAL FEE DISCLOSURE

This written disclosure form is required by the Nebraska Board of Public Accountancy for use by duly licensed Certified Public Accountants (CPA's) or Public Accountants (PA's) who intend to accept from any client compensation in the form of a commission, a contingent fee or a referral fee. CPA's and PA's are prohibited from accepting a commission or contingent fee as compensation from a client for whom the CPA/PA or the CPA's/PA's firm also performs:

- 1) an audit or review of a financial statement; or
- 2) a compilation of a financial statement when the CPA or PA expects, or reasonably might expect, that a third party will use the financial statement and the CPA's or PA's compilation report does not disclose a lack of independence; or
- 3) an examination of prospective financial information.

A CPA or PA also cannot prepare an original or amended tax return or claim for a tax refund for a contingent fee for any client. Except as stated in the next sentence, a contingent fee is a fee established for the performance of any service pursuant to an arrangement in which no fee will be charged unless a specified finding or result is attained, or in which the amount of the fee is otherwise dependent upon the finding or result of such service. Solely for purposes of this rule, fees are not regarded as being contingent if fixed by courts or other public authorities, or, in tax matters, if determined based on the results of judicial proceedings or the findings of governmental agencies.

Any CPA or PA who accepts a commission, contingent fee or referral fee or expects to be paid in such a manner shall provide written disclosure of such acceptance or payment and the basis for determining such fee to the client.

BASIS FOR DETERMINING FEE: _____

Further, you are hereby informed that as a client of my firm or myself, I may have access to confidential financial information that would not otherwise be available to me if a client relationship did not exist prior to my solicitation of business. Your receipt of this disclosure constitutes your full understanding of the relationship between myself, my firm, and you as a client.

Offered by:	Accepted by:
_____	_____
PRINTED NAME OF CPA/PA	PRINTED NAME OF CLIENT(S)
_____	_____
CERTIFICATE #	SIGNATURE OF CLIENT(S)
_____	_____
DATE	DATE
_____	_____

This form is to be executed in duplicate with one copy to be presented to the client at the time of signature. The CPA or PA is required to maintain this form in their files for a minimum of five years and is subject to a random audit by the Board or its designee for compliance with written disclosure provisions. Questions on this form or the above prohibitions and conditions should be directed to the Nebraska Board of Public Accountancy, P.O. Box 94725, Lincoln, NE 68509, (402) 471-3595.