

CERTIFIED PUBLIC ACCOUNTANT'S APPLICATION OF INTENT TO PARTICIPATE IN THE TEXAS COMPTROLLER'S CPA AUDIT PROGRAM

Texas Tax Code, Sec. 151.0232

• **TYPE OR PRINT**

Full legal name <i>(First)</i>			<i>(Middle)</i>			<i>(Last)</i>		
Mailing address								
City			State			ZIP code		
E-mail address								
Would you like this E-mail address to be published? ☐ YES ☐ NO								
Home phone (Area code and number)			Business phone (Area code and number)			Sex		
						☐ Male ☐ Female		
Birth date <i>(Month, day, year)</i>		Social Security number		Driver's license number		State issued		
Texas State Board of Public Accountancy CPA license number				Date license issued <i>(Month, day, year)</i>				

BUSINESS INFORMATION

Employer's name		
Employer's CPA registration unit number with the Texas State Board of Public Accountancy		
Mailing address		
City		State
		ZIP code
List your sales and use tax experience during the last three years:		
Will you be conducting sales and use tax audits on your own? ☐ YES ☐ NO		
Will you be supervising assistants? ☐ YES ☐ NO		
If you will be supervising others, how many do you plan to supervise		
List any companies in which you have ownership interest:		
Name	FEI number or taxpayer number	Firm license number
Name	FEI number or taxpayer number	Firm license number
Name	FEI number or taxpayer number	Firm license number
If working for a firm, list any companies in which they have ownership interest or companies to which they are related:		
Name	FEI number or taxpayer number	Firm license number
Name	FEI number or taxpayer number	Firm license number
Name	FEI number or taxpayer number	Firm license number

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.

AFFIDAVIT OF APPLICANT

In addition to a Texas CPA license, do you presently hold a professional license of any type in any state or country? ☐ YES ☐ NO

If "YES," explain, including location:

Have you ever been denied, revoked, or suspended from holding any type of professional license in any state or country? ☐ YES ☐ NO

If "YES," explain.

Have you had any complaints filed or disciplinary actions finalized against you with any state board of public accountancy for the preceding three years? ☐ YES ☐ NO

If "YES," explain.

Do you currently have any pending complaints or disciplinary actions that have been filed against you with the Texas State Board of Public Accountancy? ☐ YES ☐ NO

If "YES," explain.

Have you ever been convicted of a felony, or subjected to probation or deferred adjudication for a felony in any local, state, or federal jurisdiction? ☐ YES ☐ NO

If "YES," explain.

I hereby certify, under penalty of perjury, that my answers to all questions on this application are true and correct. I also authorize the Comptroller of Public Accounts to verify any and all information that I have given on the application.



Taxpayer representative

Title

Date