

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
512-305-7800
FAX (512) 305-7875

333 Guadalupe, Tower 3, Suite 900
Austin, TX 78701-3900
www.tsbpa.texas.gov

REGISTRATION OF A PARTNERSHIP

REFER TO THE INSTRUCTIONS FOR REGISTRATION OF A PARTNERSHIP

Partnership Information (Type or Print)

Federal Identification No. _____

1. Firm Name _____ Out-of-State License/Permit/Registration No. _____

2. Principal Office Address

 Street _____ City _____ State _____ Zip Code _____

3. Mailing Address if Different

 Street _____ City _____ Zip Code _____

4. Principal Office Telephone Number _____ Email _____

5. Contact person for firm registration and license renewals (must be an owner and a CPA)

 Name _____ Certificate Number _____ State _____

6. Does each partner or resident person in charge residing in Texas hold a current license to practice public accounting in Texas? (Each individual residing in Texas must hold a current Texas license in order for the partnership to be registered and for a firm office license to be issued).

YES NO

7. Has each partner residing in Texas who is a non-CPA owner submitted an application (Form L0022) to be registered in Texas? (Each non-CPA owner must complete an application and be approved before the partnership can be registered and a firm office license be issued).

YES NO

8. If an out-of-state partnership, does each partner or resident person in charge hold a current license to practice public accounting in the state where the firm is located?

YES NO

For Board Use Only

FIRM OFFICE FORM ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		Registration No.
PEER REVIEW FORM ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-CPA OWNERS <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	APPROVED _____ DATE _____

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REGISTRATION OF A PARTNERSHIP - continued

Firm Name [Redacted]

9. Date Partnership Was Formed [Redacted] Date Partnership Commenced Practicing in Texas [Redacted]

10. If this is a Texas firm whose name has changed, list previous firm name:

[Redacted]

Previous Firm Name

[Redacted]

Firm Registration Number

[Redacted]

Date Dissolved

[Redacted]

Effective Date of Name Change

11. Has this firm ever had an application for a license to practice public accountancy denied or had such a permit revoked or suspended by any state or federal agency?

YES NO

If YES, attach an explanation.

12. Has any partner or director been convicted of any felony or misdemeanor involving fraud or deceit not previously reported to the Board?

YES NO

If YES, attach an explanation.

13. Has the firm or any individual associated with the firm been involved in legal or administrative proceedings relating to professional accounting services within the state of Texas during the past three years?

YES NO

If YES, attach an explanation.

14. Has a copy of the letterhead currently used by this firm been attached?

YES NO

Check if firm has no letterhead.

15. If a Texas firm, are any of the partners of the partnership non-CPA owners?

YES NO

If YES, complete the *Application for NON-CPA Owner in a Firm in Texas (Form L0022)*

16. Purpose for which the firm was organized.

[Redacted]

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REGISTRATION OF A PARTNERSHIP - continued

Firm Name

A complete list of all the partners residing in Texas, whether or not silent, non-CPA, or inactive residing in Texas, must be indicated.

The firm's practice in Texas must be performed by an individual who meets the requirements of Section 901.462 of the *Public Accountancy Act* or is performed by an individual who holds a Texas license.

Each office of the partnership located in Texas must be under the full-time charge of at least one person who is authorized to practice public accountancy. If one of the partners is a corporation then the corporation must be identified as a corporation of certified public accountants, and the person in charge must hold a valid license and be a certified public accountant.

THE BOARD MUST BE NOTIFIED IN WRITING IF THERE IS

- an admission or withdrawal of a partner,
- a change in the office maintained in Texas and/or a change in the resident person in charge of said office both as to the name and address of the resident person and the address of the office with which the licensee is associated; or
- any other changes which were required for registration.

All changes must be reported to the Board within one month (30 days) after such changes become effective.

Name (Must Be That of an Individual)	Residence Street Address, City, and Zip Code (PO Box Numbers Not Acceptable)	Office With Which Partner Is Associated	States Certified In		Is License Current?
			Cert. No.	State	
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

LIST THE NON-CPA PARTNERS ASSOCIATED WITH THE PARTNERSHIP

Name (Must Be That of an Individual)	Residence Street Address, City, and Zip Code (PO Box Numbers Not Acceptable)	Office with Which Partner Is Associated
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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REGISTRATION OF A PARTNERSHIP - continued

Firm Name _____

AFFIDAVIT

I hereby certify that I am _____ of _____
Title Firm Name

and that all statements, answers, and representations made in the foregoing application, including all supplemental statements, are true and accurate. I understand that if a license to practice public accountancy is issued to a firm or office, it must be surrendered upon demand by the Texas State Board of Public Accountancy upon failure to pay the annual license fees prescribed by law or upon revocation of the license for other causes as prescribed by law.

Signature

Date

FRAUD OR DECEIT IN THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION OF THE REGISTRATION.