

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

Email forms to: [licensing@tsbpa.texas.gov](mailto:licensing@tsbpa.texas.gov)  
505 E. Huntland Drive, Suite 380  
Austin, TX 78752-3757  
[www.tsbpa.texas.gov](http://www.tsbpa.texas.gov)

AFFIDAVIT FOR PEER REVIEW

Name of CPA Firm \_\_\_\_\_

Firm License Number \_\_\_\_\_ Date \_\_\_\_\_

CPA in Charge \_\_\_\_\_ License ID \_\_\_\_\_ Title \_\_\_\_\_

**A firm that does not perform services as set out in Section 527.4(a) of this title (relating to the Peer Review Program) is exempt from review and shall annually notify the Board as to this status. A firm claiming an exemption shall submit this AFFIDAVIT FOR PEER REVIEW to the Board.**

**The firm will notify the Board of any change in status within 30 days, provide the Board with enrollment information within 12 months of the date the services were first provided, and have a review within 18 months of the date the services were first provided.**

**I do solemnly swear:**

I am affiliated with the above-named firm. I have a personal knowledge of the matters described in this affidavit. Based on my personal knowledge of the firm I swear under oath that this firm will perform or issue the services described below:

Please check the one that applies:

- I estimate that the firm's practice during the **past 12 months** could be described generally as falling into the following categories and I am requesting an exemption from peer review:
- I estimate that the firm's practice for the **next 12 months** could be described generally as falling into the following categories (**new registrations only**):

**INDICATE THE PERCENTAGE IN EACH CATEGORY FOR THE FOLLOWING:**

- \_\_\_\_\_ % Audits
- \_\_\_\_\_ % Reviews and/or compilations
- \_\_\_\_\_ % Preparation engagements
- \_\_\_\_\_ % Special reports
- \_\_\_\_\_ % Tax
- \_\_\_\_\_ % Financial consulting
- \_\_\_\_\_ % Litigation support
- \_\_\_\_\_ % Other (describe below)
- \_\_\_\_\_ % Mergers and acquisitions

Description (provide if Other % filled in)

**I hereby certify that my answers to all questions in this affidavit are true and correct. I also acknowledge that any falsification of a government record is subject to criminal penalties.**

\_\_\_\_\_  
Signature of CPA in Charge Certificate Number