

APPLICATION FOR REINSTATEMENT OF PERMIT TO PRACTICE AS A CPA IN KANSAS

ALL QUESTIONS MUST BE ANSWERED AND ALL DOCUMENTATION SUBMITTED BEFORE APPLICATION WILL BE CONSIDERED. FAXED COPIES WILL NOT BE ACCEPTED. ALL APPLICANTS FOR REINSTATEMENT OF PERMIT MUST HAVE OBTAINED 40 HOURS OF ACCEPTABLE CPE WITHIN THE PREVIOUS 12 MONTHS OF THE DATE APPLICATION IS RECEIVED. PLEASE ATTACH CERTIFICATES OF ATTENDANCE (FOR ATTENDED HOURS) AND/OR CERTIFICATES OF COMPLETION (FOR SELF-STUDY HOURS) SUBSTANTIATING THE TOTAL NUMBER OF CPE HOURS CLAIMED TO THIS APPLICATION FORM.

NAME _____ KS CPA CERTIFICATE NO. _____
(IF NOT SAME AS CERTIFICATE, ATTACH COPY OF LEGAL DOCUMENTATION SHOWING CHANGE.)
SOCIAL SECURITY NO. _____ CERTIFICATE ISSUE DATE _____
PURSUANT TO 5 U.S.C. 552a, THE KANSAS BOARD OF ACCOUNTANCY ADVISES YOU THAT SOCIAL SECURITY NUMBERS PROVIDED TO THE BOARD, PURSUANT TO K.S.A. 74-148 AND 74-139, MAY BE PROVIDED TO THE KANSAS DEPARTMENT OF REVENUE, UPON REQUEST, OR MAY BE USED FOR CHILD SUPPORT ENFORCEMENT PURPOSES.
EMPLOYER _____
ADDRESSES: BUSINESS _____ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)
RESIDENCE _____ (STREET/P.O. BOX) (CITY) (ST) (ZIP CODE+4)
TITLE _____
PREFERRED MAILING ADDRESS: [] BUSINESS [] RESIDENCE
TELEPHONES: BUSINESS _____ FAX _____ RESIDENCE _____

- 1. ARE YOU PRESENTLY PERFORMING SERVICES FOR THE PUBLIC AS A CPA IN KANSAS? [] YES [] NO
2. HAVE YOU BEEN PERFORMING ANY AUDITS, REVIEWS OR OTHER ATTESTATION ENGAGEMENTS SINCE THE DATE YOU LAST HELD A PERMIT? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO
3. IF NOT, DO YOU PLAN TO DO ANY AUDITS, REVIEWS OR OTHER ATTESTATION ENGAGEMENTS IN THE FUTURE? (IF YES, YOU WILL BE REQUIRED TO IMMEDIATELY NOTIFY THE BOARD UPON THE ISSUANCE OF THE FIRST ATTEST REPORT, UNDERGO A PEER REVIEW WITHIN 18 MONTHS OF THE ISSUE DATE OF THE FIRST SUCH REPORT, AND REGISTER AS A FIRM WITH THE BOARD.) [] YES [] NO
4. HAVE YOU SIGNED ANY TAX RETURNS FOR KANSAS CLIENTS AS A CPA SINCE THE DATE YOU LAST HELD A PERMIT? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO
5. HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF ANY CRIME, AN ESSENTIAL ELEMENT OF WHICH IS DISHONESTY OR FRAUD, OR ANY FELONY UNDER THE LAW OF ANY STATE, OR OF THE UNITED STATES? (IF YES, PLEASE ATTACH FULL EXPLANATION.) [] YES [] NO
6. HAVE YOU EVER HAD A CPA CERTIFICATE AND/OR PERMIT CANCELED, REVOKED OR SUSPENDED, OR REFUSED TO BE RENEWED? (IF YES, PLEASE ATTACH FULL EXPLANATION.) [] YES [] NO
7. HAVE YOU EVER BEEN INVESTIGATED, CHARGED, OR DISCIPLINED, OR ARE YOU CURRENTLY UNDER INVESTIGATION BY A GOVERNING OR LICENSING BOARD OR STATE OR FEDERAL AGENCY OR A STATE CPA SOCIETY OR THE AICPA? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO
8. ARE YOU FAMILIAR WITH THE CODE OF PROFESSIONAL CONDUCT (ETHICS) OF THE KANSAS BOARD OF ACCOUNTANCY UNDER WHICH YOU WILL BE EXPECTED TO PRACTICE, AND DO YOU AGREE THAT YOU WILL COMPLY WITH SUCH ETHICAL CODE? [] YES [] NO
9. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELINQUENT IN FILING YOUR TAX RETURNS? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO
10. WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN DELIQUENT IN FILING AND/OR PAYING TAXES ON BEHALF OF OTHERS (I.E., PAYROLL TAXES, SALES TAX, USE TAX, ETC.? NOTE: ENTERING INTO A PAYMENT PLAN DOES NOT MEAN YOU ARE CURRENT.) (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO
11. WITHIN THE LAST SEVEN YEARS, HAVE YOU HAD ANY TAX WARRANTS OR LIENS FILED AGAINST YOU BY THE IRS AND/OR ANY STATE DEPARTMENT OF REVENUE? (IF YES, PLEASE ATTACH A FULL EXPLANATION.) [] YES [] NO

12. DATE YOU LAST HELD KANSAS PERMIT _____ 13. FEE \$ _____
(CPA certificates ending in odd-numbers are licensed in odd-numbered year biennial years; CPA certificates ending in even-numbers are licensed in even-numbered biennial years. The reinstatement fee for those applying for more than one year remaining in the appropriate biennial period pay \$225; those applying for one year or less remaining in the appropriate biennial only pay \$112.50. Fees are non-refundable. Applications pending for more than 120 days from date of receipt will be cancelled and all fees forfeited.)

FORM OF PAYMENT: CHECK [] CREDIT CARD []
Credit Card (check one): VISA [] MASTERCARD [] AMERICAN EXPRESS [] DISCOVER []
CREDIT CARD # _____
EXP. DATE (MO/YR) _____
(NOTE: IF USING A BUSINESS CREDIT CARD, PLEASE PROVIDE THE VERIFICATION CODE FOUND ON THE BACK OF THE CREDIT CARD.)
CARDHOLDER'S SIGNATURE _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.
DATE: _____ SIGNATURE: _____