

STATE OF KANSAS  
BOARD OF ACCOUNTANCY  
Landon State Office Building  
900 SW Jackson, Suite 556S  
Topeka, KS 66612-1239  
785/296-2162

**PEER REVIEW  
REQUEST FOR WAIVER/  
NOTIFICATION OF SCHEDULING OF PEER REVIEW**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(CPA NAME) (FIRM/PRACTICE NAME)

located in \_\_\_\_\_, \_\_\_\_\_, hereby request a waiver from the Peer Review  
(CITY) (ST)

Requirement, or hereby notify the Board of Accountancy that I am now subject to Peer Review, because of the following:

- 1. \_\_\_\_\_ The firm has a current Peer Review Letter of Completion on file with the Board.
- 2. \_\_\_\_\_ **(IF CHECKING THIS OPTION, PLEASE ATTACH A LETTER OF EXPLANATION IF PREVIOUSLY SUBJECT TO PEER REVIEW.)** I/My firm did not issue any Audits, Reviews or Agreed-Upon Procedures in the past 12 months. **(If previously subject to Peer Review, provide the date of the last report issued subject to Peer Review \_\_\_\_\_ the type of report issued \_\_\_\_\_ and the year-end date of the client \_\_\_\_\_.** It is understood and agreed that should this situation change, the Board will immediately be notified, in writing, and that the due date for completion of a Peer Review will be 18 months from the date of the report first issued subject to Peer Review. It is further understood and agreed that I/my firm will provide a Peer Review "letter of completion" to the Board by the due date.
- 3. \_\_\_\_\_ Only compilation reports are issued, which are not subject to Peer Review for Kansas State Board purposes. **It is understood and agreed that should any reviews, audits or attestation engagements be performed in the future, the Board will be immediately notified, in writing, and that the due date for completion of a Peer Review will be 18 months from the date of the higher-level report issued subject to Peer Review.** It is understood and agreed that I/my firm will provide a Peer Review "letter of completion" to the Board by the due date.
- 4. \_\_\_\_\_ I/My firm performed the first Audit, Review or Attestation Engagement **(circle which applies)** with a report date of \_\_\_\_\_. The year-end date of the engagement is \_\_\_\_\_. It is understood and agreed that the due date for completion of a Peer Review is 18 months from the date of the report issued subject to Peer Review. It is further understood and agreed that I/my firm will provide a Peer Review "letter of completion" to the Board by the due date.
- 5. \_\_\_\_\_ **(IF CHECKING THIS OPTION, PLEASE ATTACH A LETTER OF EXPLANATION, ALONG WITH SUBSTANTIATING DOCUMENTATION.)** Request for waiver for reasons of health, military service, or other hardship.

It is understood that I/my firm can be disciplined for using fraud or deceit to obtain a waiver of Peer Review and, therefore, I acknowledge that the information I have provided on this form is true and accurate.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_