(REV. 2/10) (PRINT OR TYPE)

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

PEER REVIEW FORM

I, _____, of _____,
(CPA NAME) (FIRM/PRACTICE NAME)

located in _____, _____, hereby certify 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, dishonesty or deceit to obtain a waiver of Peer Review.

I acknowledge that the information I have provided on this form is true and accurate.

Date:_____ Signed:_____