

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, I/my firm will immediately notify the Board, 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, I/my firm will immediately notify the Board, 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.**
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 first Report issued subject to Peer Review. It is further understood and agreed that I/my firm will provide a Peer Review "letter of completion" or a letter stating that the Peer Review is "in process" (both letters are issued by the administering entity of the Peer Review) 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: _____