

for consultants, use form
CVWE-APP

OREGON BOARD OF TAX PRACTITIONERS

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 Questions? (503)378-4034
Email: tax.bd@oregon.gov

DO NOT EMAIL THIS FORM

Website: www.oregon.gov/OBTP

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EMPLOYER ~ READ CAREFULLY

Oregon Administrative Rules requires enrolled agents authorized to practice before the Internal Revenue Service, holding a valid treasury card and desiring to apply to become a tax consultant to furnish evidence from their employer that they were employed and worked a cumulative total of **360 hours** advising, assisting or preparing tax returns during at least **two** of the last **five** years. An applicant may work more than the required two years, but experience more than five years old cannot be counted toward the work experience requirement.

The employer must have documents verifying the amount of time actually devoted to income tax preparation.

Check carefully to avoid any errors in statements as to length of time covered and number of hours actually devoted to tax preparation.

I hereby certify that _____ was employed by me and worked
(Name of Applicant -- please print)
under my supervision preparing, assisting or advising in the preparation of income tax returns.

2

LIST EACH YEAR'S HOURS SEPARATELY

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

TOTAL HOURS: _____

Applicant's primary duties relating to personal income tax consisted of:

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I, the undersigned, declare under penalties of perjury that, to the best of my knowledge and belief, the above statement of applicant's employment record is true, correct and complete.

Business Name of Employer

Street Address

Mailing Address

City

Phone #

State

Zip

Print Name of Certifying Supervisor

Signature of Certifying Supervisor

Date Signed

License #

State Where Issued

PLEASE RETURN COMPLETED FORM TO APPLICANT