

TAX CONSULTANT EXAMINATION APPLICATION

Initial Exam Retake Exam

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034

Fax: 503-585-5797

E-Mail: tax.bd@state.or.us

Web Site: www.oregon.gov/OBTP

For Office Use Only			
Examinee#: _____	Type: _____	Xs Taken: _____	Location: _____

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PLEASE PRINT OR TYPE

"LEGAL NAME" Last	First	Middle	
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	County: _____
Social Security Number: _____	Date of Birth: _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Residence Phone: _____	Business Phone: _____		
Fax: _____	E-Mail: _____		

Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

As part of your application, you are required to provide your Social Security Number to the State Board of Tax Practitioners. The authority for this request is ORS 25.785, ORS 305.385, 42 USC 405(c)(C)(I), and 42 USC 666(a)(13). Failure to provide your Social Security number is grounds to refuse to issue a license to prepare personal income taxes. This record of your Social Security number will be used solely for the purposes of child support enforcement and tax administration.

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Please indicate the location where you want to take the exam: (Location selection is FINAL)

A list of examination locations and site codes is located on the Web at:

http://www.oregon.gov/OBTP/docs/Forms/gen_info.pdf

- A) Proctor Site at: _____
City / Site Code
- B) December 8, 2012 Board Administered Examination – Salem
(Application Deadline: November 8, 2012)

NOTE: Once your application is accepted, the Board will mail you an approval letter which will explain how to schedule your appointment for examination. Do not schedule your exam prior to receipt of your approval letter, as the proctor site will not yet have an examination for you to take. Please see section #5 for additional information.

*I need an ADA Accommodation. Indicate type of disability: _____
***Must attach a completed "ADA Accommodation Request Form" located on the Web at:**
<http://www.oregon.gov/OBTP/docs/Forms/ada.pdf>

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- a) Have you ever been licensed as a Tax Preparer in Oregon? YES License #: _____
- b) Have you ever applied for the Tax Consultant Exam in Oregon? YES Last Date: _____
- c) Have you ever been licensed as a Tax Consultant in Oregon? YES License #: _____
- d) Have you ever been licensed in **another state**? State: _____ YES Registration #: _____
- e) If not currently licensed as a tax preparer:
- (1) Are you a high school graduate? YES NO Year graduated: _____
- (2) Do you have a GED certificate? YES NO Year received: _____
- f) If you have attended a *college or university*, please indicate the number of years **completed**: _____

NOTE: If using education credit for courses completed towards the required 780 hours (1100 hours effective 7-1-12) of work experience, they will be calculated at the rate of five (5) hours work experience for every one (1) classroom hour. However, courses must be directly related to taxation, and you may only substitute up to 260 hours (365 hours effective 7-1-12) of the required 780 hours (1100 hours effective 7-1-12) of work experience (i.e., you may receive credit for up to 52 hours of classroom time – 52 X 5 = 260) (73 X 5 = 365 effective 7-1-12). In addition, education credit applied towards the required 780 hours (1100 hours effective 7-1-12) must be completed within one (1) year of making application to become a tax consultant and shall **NOT** be claimed to fulfill continuing education requirements once licensed. To receive education credit, you must attach a copy of your transcript(s) and/or certificate(s) of course completion. OAR 800-020-0015(9).
****** IMPORTANT: EFFECTIVE 7-1-2012 WORK EXPERIENCE REQUIRED INCREASES TO 1100 HOURS ******

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EMPLOYMENT

Have you been employed in the capacity of a tax preparer/consultant for at least two of the last five years?

YES NO

Employed in Oregon Another State in the capacity of a:

Tax preparer under an Oregon licensed tax consultant; Tax preparer under an Oregon licensed CPA, PA or Attorney;

Income tax auditor with: Oregon Department of Revenue Internal Revenue Service; OR

Taxpayer service representative with: Oregon Department of Revenue Internal Revenue Service

If you checked any of the above, submit a completed "Employer Verification of Work Experience" form with this application.

Tax preparer/consultant in another state State: _____ Registration # if in California: _____

Other (Please Specify): _____

If you checked one of the above two (2), submit a completed "Self-Employment Petition" form. All forms are located on the Web at: <http://www.oregon.gov/OBTP/Forms.shtml>

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IMPORTANT INFORMATION (PLEASE READ)

- a) The following **MUST** be submitted with this application (See OAR 800-020-0015): Employer verification form, Petition form, and/or Continuing Education (up to 260 hours) (**up to 365 hours effective 7-1-12**) in lieu of work experience verifying 780 hour requirement (**1100 hour requirement effective 7-1-12**); A minimum of 15 continuing education (CE) hours in personal income taxation completed within one (1) year of making application for examination (this evidence **must** be attached to this application – even if you submitted evidence of CE completion with your license renewal); and exam fees (exam and proctoring).
- b) Once you qualify for examination, you will receive an "examination approval" notice by mail, which will provide you with information on how to schedule your examination date/time.
- c) You must present picture identification issued by a governmental agency to be admitted to the exam.
- d) Programmable calculators, cell phones and pagers will not be allowed at the examination.
- e) Any person who fails the examination shall be eligible for a succeeding exam upon making application and re-payment of the examination fees (exam and proctoring).
- f) During peak examination season (Nov – Feb) it **may** take up to **30 days** to process exam results. Exam results will **ONLY** be reported in writing. *No examination results will be given out over the phone or in person.*
- g) When you have passed the examination and are notified by the Board that you are eligible for licensing, you have **sixty (60) days** from your examination date to apply for your Tax Consultant License.

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SIGNATURE

Under penalties of perjury, I declare that I have reviewed this Examination Application, including accompanying attachments and to the best of my knowledge and belief, it is true, correct and complete.

I acknowledge that, if I fail the examination, no review of my examination questions will be granted.

Signature

Date

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FEES

Tax Consultant Exam Fee (\$85) \$ _____

Proctor Site Fee (if applicable) \$ _____

A listing of proctor sites is located on the Web at: \$ _____

http://www.oregon.gov/OBTP/docs/Forms/gen_info.pdf

TOTAL FEES: \$ _____

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According to OAR 800-020-0026 - Exam fees are **nonrefundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance(s) beyond the control of the applicant (at the discretion of the Board). However, the applicant **must** notify the Board office, **in writing**, prior to the scheduled examination date. No refunds will be honored if requested after the 60-day limitation. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.

CHECK OR MONEY ORDER

Mail to:

**STATE BOARD
OF TAX PRACTITIONERS
UNIT 07
PO BOX 4395
PORTLAND, OR 97208**

CREDIT OR DEBIT CARD

Fax to:

(503) 585-5797

OR Mail to:

3218 Pringle RD SE, Ste 120, Salem, OR 97302

CREDIT / DEBIT CARD VISA__ MC__ DC__

NUMBER _____ EXPIRES _____