

2012
TAX CONSULTANT
RENEWAL APPLICATION AND
TAX BUSINESS REGISTRATION

~PLEASE PRINT OR TYPE~

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

PLEASE RETIRE MY LICENSE

PLEASE CLOSE MY BUSINESS

*MY E-MAIL ADDRESS MAY BE RELEASED TO TAX SCHOOLS AND TAX ORGANIZATIONS

1 I AM NOT REQUIRED TO OBTAIN A PTIN UNDER FEDERAL REGULATIONS.

PTIN # _____ License # _____

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED

"LEGAL NAME" Last:			First:	Middle:
Mailing Address:				
City:	State:	Zip Code:	County:	
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.

2 CHECK HERE IF **RESIDENCE ADDRESS** HAS CHANGED

Residence Address:			
City:	State:	Zip Code:	County:

3 IF YOU ARE **THE MAIN OWNER** of a tax business (responsible for payment of business registration fees)

CHECK HERE IF CHANGED FROM LAST YEAR **Business License #:** _____

Business Name:			
Physical Address:			
City:	State:	Zip Code:	County:
Designated Consultant:		Designated Consultant License Number:	
Business Fax:		*Business E-mail:	

4 **COMPLIANCE** ~MUST ANSWER - RENEWAL WILL BE REJECTED IF LEFT BLANK~

Has a license in any other occupation or professional capacity issued in your name in any state or by the federal government ever been refused, suspended, revoked, or restricted OR have you ever voluntarily relinquished a license?
 Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

Have you ever been convicted of, OR are you now under indictment for any criminal offense(s) which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)?
 Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

Have you ever been required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct?
 Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

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EMPLOYMENT

Please list your current/last employer if employed by a business other than your own. List N/A if currently not employed. Any changes to this information need to be reported to the Board within 15 business days per OAR 800-010-0041.

Business Name _____

Designated Consultant/Supervisor _____

Designated Consultant Lic # _____

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CONTINUING EDUCATION ~ SELF-ATTESTATION

This is my initial year of licensure. **Please note:** You do not need to self-attest receipt of or certify 30 CE credit hours if this is your **initial** year of licensure.

I hereby certify that I have acquired 30 hours or more (shown below) of continuing education credit hours required as a condition of license renewal/reactivation and that proof of attainment is available for audit or investigation by the Board per OAR 800-015-0010.

TOTAL

Write your total number of continuing education credit hours completed in the box. **Do not send certificates with renewal.**

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FEES

- a) LTC License Only – ACTIVE (\$95) \$ _____
- b) LTC License Only – INACTIVE (must file by June 15th and not be in lapsed status) (\$50) \$ _____
- c) Combination LTC License / Business Registration (\$155) \$ _____
- d) Business Fee only (\$110) \$ _____

NOTE: Consultant licenses expire on May 31st. License renewals postmarked after June 15th are placed in lapsed status. A license in lapsed status shall not be placed in inactive status, per OAR 800-020-0035. To reactivate a license from lapsed status, you must submit a **Consultant Reactivation Application**. Business registrations not renewed by June 15th will be closed. To continue to operate a business, you must fill out a new **Business Registration Application** and pay the appropriate fee. No combination license/business registration will be issued after June 15th. Applications are available on the Tax Board Web site at: <http://www.oregon.gov/OBTP/Forms.shtm>

ADVERTISING

This section is voluntary, and Web ads are posted at http://www.oregon.gov/OBTP/taxcon/tax_consultants.shtml. Web advertising subscriptions run June through June (annually).

- e) Include a link to my business name
E-Mail: _____ (\$10) \$ _____
- f) Include a link to my Web site name
Web Site: _____ (\$10) \$ _____

TOTAL FEES: \$ _____

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SIGNATURE

Under penalties of perjury, I declare that I have examined this renewal application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature _____

Date _____

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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: _____