

TAX PREPARER 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: _____

1

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.

2

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>

3

- a) Have you ever applied for the Tax Preparer Exam in Oregon? YES License #: _____
- b) Have you ever been licensed as a Tax Preparer in Oregon? YES License #: _____
- c) Have you ever applied for the Tax Consultant Exam in Oregon? YES Last Date: _____
- d) Have you ever been licensed as a Tax Consultant in Oregon? YES License #: _____
- e) Have you ever been licensed in **another state**? State: _____ YES Registration #: _____
- f) 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**: _____

4 EMPLOYMENT PLEASE NOTE: IF THIS SECTION IS NOT COMPLETED, IT MAY DELAY THE PROCESSING OF YOUR APPLICATION

List the school and instructor of the training course in tax preparation that you have completed or are in the process of completing. This *must* be a Board approved course not less than 80 classroom hours.

You may apply for the exam prior to completion of classroom studies, but you must successfully complete the course before receiving your license. **DO NOT** submit a copy of your "Certificate of Course Completion" for the 80 hour basic course with this application. You will be required to submit the "Certificate of Course Completion" with your **license** application upon successful completion of the examination.

Name of School: _____ Instructor: _____
(First and Last Name)

5 IMPORTANT INFORMATION (PLEASE READ)

- a) When a completed application, any accompanying materials/documents, exam fee(s) and proctoring fee(s) have been filed with the Board and 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.
- b) You must present picture identification issued by a governmental agency to be admitted to the exam.
- c) Programmable calculators, cell phones and pagers will not be allowed at the examination.
- d) 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).
- e) 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.*
- f) 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 Preparer License.

6 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

7 FEES

Tax Preparer Exam Fee	(\$50) \$ _____
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:	\$ _____

8 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 _____