

2010 TAX PREPARER REACTIVATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: (503) 378-4034 Fax: (503) 378-2757 E-Mail: tax.bd@state.or.us Web Site: www.oregon.gov/OBTP

1 CHECK HERE IF **MAILING ADDRESS** HAS CHANGED PLEASE PRINT OR TYPE **License #**

"LEGAL NAME" Last:			First:	Middle:
Mailing Address:				
City:	State:	Zip Code:	County:	
Residence Phone:		Business Phone:		
Fax:		*E-Mail:		
Residence Address:				
City:	State:	Zip Code:	County:	

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information. My e-mail address may be released to tax schools and tax organizations

2 **CONTINUING EDUCATION ~ SELF-ATTESTATION**

I hereby certify that I have acquired _____ continuing education credit hours required as a condition of license renewal/reactivation and that adequate proof of attainment is available for audit or investigation by the Board. Hours reported must be earned on or after September 1st of the previous year (that were not used for another renewal period). **Please note:** You do not need to self-attest receipt of or complete a continuing education (CE) report of CE credit hours if this is your **initial** year of licensure.

CONTINUING EDUCATION REPORT

THIS IS MY INITIAL YEAR OF LICENSURE

List CE Programs in chronological order. Must fill out with your renewal/reactivation application. If more space is needed, please attach a separate piece of paper. Please print or type. **Do not send certificates with renewal.**

Date(s) Attended	Type Code (See below)	Hours Claimed	Title of Program	Sponsor Name

Code	CE Type Table - Description OAR 800-015-0020(2)	Code	CE Type Table - Description OAR 800-015-0020(2)
T	Taxation	ETI	Estate, tax OR investment planning
E	Practitioner ethics	C	Computer technology
AP	Accounting and payroll theory	O	Other - must demonstrate direct relationship to income tax preparation

3 **EMPLOYMENT** Please list your current/last employer if employed by a business other than your own.

Business Name _____ Designated Consultant/Supervisor _____ Designated Consultant License# _____

4 **COMPLIANCE** 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).

5 **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 _____

6 **FEES** LTP License Only – ACTIVE (\$80 for each year in lapsed status) \$ _____

Reactivation Fee (If reactivating a license from lapsed status) (\$35) \$ _____

TOTAL FEES: \$ _____

<p>CHECK OR MONEY ORDER Mail to: STATE BOARD OF TAX PRACTITIONERS UNIT 07 - PO BOX 4395 PORTLAND, OR 97208</p>	<p>CREDIT OR DEBIT CARD Fax to: (503) 378-2757 CREDIT / DEBIT CARD / VISA__ MC__ DC__</p> <p>NUMBER: _____ EXPIRES: _____</p>
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