

**2010**  
**TAX PREPARER LICENSE**  
**RENEWAL APPLICATION AND**  
**TAX BUSINESS REGISTRATION**

~PLEASE PRINT OR TYPE~

**OREGON STATE BOARD OF TAX PRACTITIONERS**

Phone: (503) 378-4034 Fax: (503) 378-2757 E-mail: [tax.bd@state.or.us](mailto:tax.bd@state.or.us) Web site: [www.oregon.gov/OBTP](http://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

<b>1</b>	CHECK HERE IF <b>MAILING ADDRESS</b> HAS CHANGED <input type="checkbox"/>			License #: _____
	"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.

<b>2</b>	CHECK HERE IF <b>RESIDENCE ADDRESS</b> HAS CHANGED <input type="checkbox"/>			
	Residence Address:			
City:		State:	Zip Code:	County:

<b>3</b>	IF YOU ARE <b>THE MAIN OWNER</b> of a tax business (responsible for payment of business registration fees)			
	CHECK HERE IF CHANGED FROM LAST YEAR <input type="checkbox"/>			Business License #: _____
	Business Name:			
	Physical Address:			
	City:	State:	Zip Code:	County:
	Designated Consultant:		Designated Consultant License Number:	
Business Fax:		*Business E-mail:		

<b>4</b>	<b>COMPLIANCE</b> ~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 <u>OR</u> have you ever voluntarily relinquished a license? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach an explanation and provide date(s), location, and nature of offenses(s).
	Have you ever been convicted of, <u>OR</u> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

<b>5</b>	<b>EMPLOYMENT</b>	To work as a preparer, you must be supervised by a Licensed Tax Consultant, CPA, or PA per ORS 673.615(2). 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. Please provide the following information:
	_____	_____
	_____	_____

