

2011
TAX DF9D5 F9F
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

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:	

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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

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:

Last of: Current Employer _____ Year Employed _____

Designated Consultant (LTC) or Supervisor (if CPA or PA) _____

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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

[Empty box for total continuing education credit hours]

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) **LTP License Only – ACTIVE** (\$80)\$ _____

Preparer licenses expire on September 30st. License renewals must be postmarked on or before October 15th. If the postmark date is after October 15th, your license is placed in lapsed status. To reactivate a license from lapsed status, you must submit a **Preparer Reactivation Application**. Applications are located on the Agency's Web site at: <http://www.oregon.gov/OBTP/Forms.shtml>.

b) **LTP License Only – INACTIVE** (\$35)\$ _____

A license in lapsed status **shall not be** placed in inactive status, per OAR 800-020-0035.

c) **Combination LTP License / Business Registration** (\$155)\$ _____

NOTE: No combination license/business registration will be issued after October 15th.

TOTAL FEES: \$ _____

NOTE: Business registrations **not** renewed by October 15th will expire. To continue to operate a business, you **must** fill out a new Business Registration Application and pay the appropriate fee. Applications are available on the Agency's Web site at: <http://www.oregon.gov/OBTP/Forms.shtml>

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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: _____