



2008 TAX CONSULTANT RENEWAL APPLICATION

~PLEASE PRINT OR TYPE~

TAX CONSULTANT LICENSE AND/OR TAX BUSINESS REGISTRATION

STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Web site: www.oregon.gov/OTPB

1	CHECK HERE IF MAILING ADDRESS HAS CHANGED <input type="checkbox"/>			License #: _____
"LEGAL NAME" Last		First	Middle	
Mailing Address:				
City:		State:	Zip Code:	County:
Residence Phone No.:			Business Phone No.:	
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 <input type="checkbox"/>			
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 <input type="checkbox"/> Business License #: _____			
Business Name:				
Physical Address:				
City:		State:	Zip Code:	
Designated Consultant:			Designated Consultant License Number:	
Business Fax:			Business E-mail:	

***Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.**

4	<p>COMPLIANCE</p> <p>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).</p> <p>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).</p> <p>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).</p>
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5	<p>EMPLOYMENT</p> <p>Please list your current/last employer if employed by a business other than your own.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Business Name</td> <td style="border: none;">Designated Consultant/Supervisor</td> <td style="border: none;">Designated Consultant Lic #</td> </tr> </table>	_____	_____	_____	Business Name	Designated Consultant/Supervisor	Designated Consultant Lic #
_____	_____	_____					
Business Name	Designated Consultant/Supervisor	Designated Consultant Lic #					

PLEASE RETIRE MY LICENSE

PLEASE CLOSE MY BUSINESS

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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 May 1st of the previous year. (That were not used for another renewal)

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.

This is my initial year of licensure

CONTINUING EDUCATION REPORT

List CE Programs in chronological order - Please Print or Type

Must submit with your renewal/reactivation application. If more space is needed, please attach a separate piece of paper.

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

Type Code	CE Type Table - Description OAR 800-015-0020(2)	Type 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 a direct relationship to income tax preparation

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FEES

- a) LTC License Only – **Active** (\$95) \$ _____
License renewals must be postmarked on or before June 15th. If the postmark date is after June 15th your license is placed in lapsed status. To reactivate a license from lapsed status you must submit a **Consultant Reactivation Application**. Applications are located on the agency's Web site at: <http://www.oregon.gov/OTPB/Forms.shtml>
- b) LTC License Only – **Inactive** (\$50) \$ _____
A license in lapsed status **shall not be placed in inactive status, per OAR 800-020-0035.**
- c) Combination LTC License / Business Registration (\$155) \$ _____
NOTE: Only if paid prior to June 15th
No combination license/business registration will be issued after June 15th.

NOTE: Consultant licenses expire on May 31st. Business registrations **not** renewed by June 15th will expire. To continue to operate a business, you **must** fill out a Business Registration Application and pay the appropriate fee. Applications are available on the Agency's Web site at: <http://www.oregon.gov/OTPB/Forms.shtml>

- d) Business Fee only (\$110) \$ _____

ADVERTISING This section is voluntary - Web advertising subscriptions are posted April 30 through May 1 (annually). Located on the Agency's Web site at: http://www.oregon.gov/OTPB/taxcon/tax_consultants.shtml.

- 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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MAIL PAYMENT TO:
STATE BOARD OF TAX PRACTITIONERS
UNIT 07
PO BOX 4395
PORTLAND, OR 97208

OR IF PAYING BY CREDIT/DEBIT CARD

FAX PAYMENT TO:
(503) 378-3575

Credit/Debit Card Visa ___ MC ___ DC ___ Number _____ Expires _____