

**TAX PREPARER
EXAMINATION APPLICATION**

Initial Exam Retake Exam

Office Use Only

Exam # : _____ **Type:** _____ **X's Taken:** _____ **Location:** _____

OREGON STATE BOARD OF TAX PRACTITIONERS
 Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

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PLEASE PRINT OR TYPE

"LEGAL NAME" Last	First	Middle	
Mailing Address:			
City:	State:	Zip Code:	County:
Social Security No:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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.

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.

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Please indicate the location where you want to take the exam: (Location selection is FINAL)

A list of examination locations & site codes is located on the agency's website at:

http://www.oregon.gov/OTPB/docs/Forms/GEN_INFO.pdf

- A) Proctor Site at: _____
City & Site Code
- B) December 13, 2008, Board Administered Examination – Salem
(Application Deadline: November 12, 2008)

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 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 our agency's website at:
<http://www.oregon.gov/OTPB/Forms.shtml>

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- a) Have you ever applied for the Tax Preparer Exam in OR? YES Last Date: _____
- b) Have you ever been licensed as a Tax Preparer in OR? YES License #: _____
- c) Have you ever applied for the Tax Consultant Exam in OR? YES Last Date: _____
- d) Have you ever been licensed as a Tax Consultant in OR? 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: _____
- g) If you have attended a *college or university*, please indicate the number of years **completed**. _____

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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 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 & Last Name)

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IMPORTANT INFORMATION (PLEASE READ):

- a) When a completed application, any accompanying materials/documentation, 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 scheduling 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 to pass the examination shall be eligible for a succeeding exam upon making application and re-payment of the examination fees (exam & 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 **60 days** from your examination date to apply for your Tax Preparer License.

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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 _____

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FEES:

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

Proctor Site Fee (if applicable) – A listing is located on the agency's website at: \$ _____

http://www.oregon.gov/OTPB/docs/Forms/GEN_INFO.pdf

TOTAL FEES: \$ _____

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MAIL PAYMENT TO:

**STATE BOARD OF TAX PRACTITIONERS
UNIT 07
PO BOX 4395
PORTLAND, OR 97208**

OR

FAX PAYMENT TO:

(503) 378-3575 (if paying by credit/debit card)

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

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.