

**TO CLAIM  
 EMPLOYEE TAX PREPARATION WORK EXPERIENCE**

STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: [tax.bd@state.or.us](mailto:tax.bd@state.or.us) Website: [www.oregon.gov/OTPB](http://www.oregon.gov/OTPB)

**1**

**EMPLOYER ~ READ CAREFULLY:**

Oregon Administrative Rules and Oregon Revised Statutes require each tax consultant applicant to furnish evidence from their employer that they were employed and worked a cumulative total of **780 hours** advising, assisting or preparing tax returns during at least two of the last five years. To acquire sufficient hours, an applicant may work more than the required two years, but experience more than five years old cannot be counted toward the work experience requirement.

The employer must maintain documents verifying the amount of time actually devoted to income tax preparation.

In completing this verification, check carefully to avoid any errors in statements as to length of time covered and number of hours actually devoted to tax preparation.

I hereby certify that \_\_\_\_\_ was employed by me and worked  
(Name of Applicant -- please print)  
 under my supervision preparing, assisting or advising in the preparation of income tax returns.

**2**

**LIST EACH YEAR'S HOURS SEPARATELY:**

From: \_\_\_\_\_ To: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

From: \_\_\_\_\_ To: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

From: \_\_\_\_\_ To: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

From: \_\_\_\_\_ To: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

**TOTAL HOURS:** \_\_\_\_\_

Applicant's primary duties relating to personal income tax consisted of: \_\_\_\_\_

**3**

I, the undersigned, declare under penalties of perjury that, to the best of my knowledge and belief, the above statement of applicant's employment record is true, correct and complete.

Business Name of Employer \_\_\_\_\_

Print Name of Certifying Supervise \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Certifying Supervisor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date Signed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License # \_\_\_\_\_ State Where Issued \_\_\_\_\_

**UPON COMPLETION - PLEASE RETURN FORM TO APPLICANT**