

FORM **C-R**

2009 TAX CONSULTANT RENEWAL APPLICATION

~PLEASE PRINT OR TYPE~

TAX CONSULTANT LICENSE AND/OR TAX BUSINESS REGISTRATION

OREGON STATE BOARD OF TAX PRACTITIONERS

Phone: 503-378-4034

Fax: 503-378-2757

E-mail: tax.bd@state.or.usWeb site: www.oregon.gov/OTPB**1**CHECK HERE IF **MAILING ADDRESS** HAS CHANGED

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.

2CHECK HERE IF **RESIDENCE ADDRESS** HAS CHANGED

Residence Address:			
City:	State:	Zip Code:	County:

3IF 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:
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**COMPLIANCE**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).**5****EMPLOYMENT**

Please list your current/last employer if employed by a business other than your own.

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).

This is my initial year of licensure. **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.

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: No combination license/business registration will be issued after June 15th.
- d) **Business Registration Fee only** (\$110) \$ _____

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 new 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>

ADVERTISING This section is voluntary, and Web ads are posted at http://www.oregon.gov/OTPB/taxcon/tax_consultants.shtml. Web advertising subscriptions run May 1st through April 30th (annually).

- e) **Include a link to my business name.** (\$10) \$ _____
E-mail: _____
- f) **Include a link to my Web site name.** (\$10) \$ _____
Web site: _____

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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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) 378-2757
OR Mail to: 3218 Pringle RD SE, Ste 120, Salem, OR 97302
CREDIT / DEBIT CARD / VISA__ MC__ DC__
NUMBER: _____
EXPIRES: _____