

P-EXAM

Questions?

(503)378-4034

Email: tax.bd@oregon.gov

TAX PREPARER EXAMINATION APPLICATION

Initial Exam

Retake Exam

OREGON STATE BOARD OF TAX PRACTITIONERS

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

For Office Use Only

Fax (503)585-5797

FOR OFFICE USE ONLY

Applicant#: _____ Type: _____ Xs Taken: _____ Location: _____

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PLEASE PRINT OR TYPE

"LEGAL NAME" Last:		First:	Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Social Security Number:	Date of Birth:	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Cell Ph:	Home Ph:	Business Ph:	
Fax:	E-Mail:		

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

A list of proctor site codes are located in the General Information Booklet, pg 43-47:
http://www.oregon.gov/OBTP/docs/pdfs/General_Information_Booklet.pdf

- A) Proctor Site at: City _____ Site Code: _____
- B) Board office*
Exams at Board office- please list 1st, 2nd and 3rd choice of dates _____
- C) Board administered exam: January 21, 2017 @ CLAC-WTC
(Application Deadline: January 2, 2017)

NOTE: Once your application is accepted, the Board will send you an approval letter that will explain how to schedule your appointment for examination. You cannot schedule your exam prior to receipt of your approval letter. 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 the Web at:**
http://www.oregon.gov/OBTP/docs/Form/ada_fill.pdf

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- a) Have you ever applied for as a Tax Preparer in Oregon? YES Date _____
- b) Have you ever been licensed as a Tax Preparer in Oregon? YES License # _____
- c) Have you ever applied for the Tax Consultant Exam in Oregon? YES Last Date _____
- d) Have you ever been licensed as a Tax Consultant in Oregon? 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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Tax Course

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 of 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 basic 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: _____

DATE COMPLETED MM YYYY _____

(FIRST AND LAST NAME)

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IMPORTANT INFORMATION (PLEASE READ)

- a) A complete application packet consists of this exam fee, * documents, exam fee(s) and proctor fee(s). You will receive an approval notice, which will provide you with information on how and when to schedule your examination. You must sit for your exam within 60 days of your acceptance letter or all fees paid will be forfeited.
- b) You must present picture ID issued by a governmental agency to be admitted to the exam.
- c) No cell phones, programmable calculators, or any other electronic devices will be allowed at the examination.
- d) Any person who fails the examination may retake the exam upon making application and re-payment of the applicable exam and proctor fees.
- e) During peak examination season (Nov-Feb) it may take up to 30 days to process exam results.
- f) Exam results will ONLY be given in writing. No examination results will be given out over the phone or in person.
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SIGNATURE

Under penalty of perjury, I declare that I have examined this application, including any 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 of proctor sites is located on the Web at: \$ _____
http://www.oregon.gov/OBTP/docs/Form/gen_info.pdf

TOTAL FEES: \$ _____

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Per 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. **NOTE:** A \$10 processing fee will be deducted from all exam refunds.

Payments

Send Payments - Payable to: OBTP
3218 Pringle Rd SE, Ste 120, Salem OR 97302
or FAX (503) 585-5797

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____ Exp: ____ / ____

