

**2016
TAX CONSULTANT
RENEWAL APPLICATION AND
TAX BUSINESS REGISTRATION**

For Office Use Only

Questions?
 (503)378-4034

Do NOT email this form

OREGON BOARD OF TAX PRACTITIONERS

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

PLEASE RETIRE MY LICENSE # _____

PLEASE CLOSE MY BUSINESS # B- _____

1 P -
PTIN#

OBTP # _____

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED

"LEGAL NAME"		First:	Middle Initial:
Last:			
Mailing Address:			
City:	State:	Zip Code:	County:
Cell Phone:	Home Phone:	Business Phone:	
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 **ADDRESS** HAS CHANGED PHYSICAL BUSINESS OTHER _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

3 **EMPLOYMENT/ BUSINESS**

I am currently not employed **Business # B-** _____

Check if change from last year This is where I am employed

I am the Main Owner of this tax business

Business Name:	
Physical Address:	
City:	State: Zip Code: County:
Designated Consultant (DC):	DC License Number:
Business Fax:	Business E-mail:

Any changes to this information need to be reported to the Board within 15 business days per OAR 800-010-0041.

4 **COMPLIANCE** **~MUST ANSWER - RENEWAL WILL BE REJECTED IF LEFT BLANK~**

If yes, attach an explanation and provide date(s), location, and summary.

Since your last renewal date...

Has a license in any other occupation or professional capacity issued in your name by any governmental entity ever been refused, suspended, revoked, or restricted OR have you ever voluntarily relinquished a professional license? Yes No

Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action against you? OR are you now under indictment for any criminal offense(s) of which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)? Yes No

Have you ever been required to appear before or been sanctioned by any professional body or governmental entity for alleged misconduct? Yes No

5

CONTINUING EDUCATION AFFIDAVIT

TOTAL HOURS: Write your total number of CE hours completed

- I hereby certify that I have acquired _____ hours (minimum 30*) of continuing education
**including the two (2) hours of ethics required as a condition of license renewal / or reactivation and that proof of completion is available for audit or investigation by the Board per OAR 800-015-0010*
- This is my first year of license renewal; no CE hours are due.
- I am renewing inactive, I have listed my CE hours* completed above.
** Inactive license is not required to submit CE hours Refer to OAR 800-020-0030(6), OAR 800-020-0035*

LICENSING FEES

6

- LTC License Only – ACTIVE** Refer to OAR 800-020-0030(3) (\$95) \$ _____
- LTC License Only – INACTIVE** Refer to OAR 800-020-0030(6) (\$50) \$ _____
- Combination LTC License / Business Registration** (\$155) \$ _____
- Business Registration only** (\$110) \$ _____

NOTE: Consultant licenses expire on May 31. License renewals postmarked after June 15 are placed in lapsed status. OAR 800-020-0035 states A license in lapsed status shall not be placed in inactive status. To reactivate a license from lapsed status, you must submit a Consultant Reactivation Application. **Business registrations not renewed by June 15 will be closed.** After June 15 to continue to operate a business, you must fill out a new Business Registration Application and pay the appropriate fee. No combination license/business registration will be issued after June 15. Applications are available on the Board Web site at: <http://www.oregon.gov/OBTP/Forms>

ADVERTISING This section is voluntary, and Web ads are posted at http://www.oregon.gov/OBTP/taxcon/tax_consultants

Include a link to my business name

7

- Email: _____ (\$10) \$ _____
- Include a link to my Web site name**
- Web Site: _____ (\$10) \$ _____

Web advertising subscriptions run June through June (annually).

License fees + Advertising fees = **TOTAL FEES**

8

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 _____

9

CHECK OR MONEY ORDER

Mail to:

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE, Ste 120
Salem OR 97302

CREDIT CARD PAYMENT

3218 Pringle Rd SE, Ste 120, Salem, OR 97302

or **FAX (503) 585-5797** Exp: ____/____

NUMBER _____ - _____ - _____ - _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

