

TAX PREPARER EXAMINATION APPLICATION

Initial Exam Retake Exam

OREGON STATE BOARD OF TAX PRACTITIONERS

 Questions? (503)378-4034
Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 250, Salem OR 97302

Fax (503)585-5797

DO NOT EMAIL THIS FORM

Website: www.oregon.gov/OBTP

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

1	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: _____	

***Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.**

2 Please choose your preferred language for the exam:

English: Spanish:

3 **The Oregon Board of Tax Practitioners (OBTP) has contracted with PSI Services LLC (PSI) to administer the examination. PSI provides examinations through a network of computer examination centers in Oregon.**

A list of PSI proctor sites is located in the General Information Booklet:

https://www.oregon.gov/obtp/Documents/2018_GIB_FINAL.pdf

For additional information refer to the PSI website: candidate.psiexams.com

NOTE: Once your application is accepted, the Board will e-mail 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:**
<https://www.oregon.gov/obtp/Pages/Forms.aspx>

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a) Have you ever applied for a Tax Preparer license 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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EDUCATION PLEASE NOTE: THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

List the school (code) 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. Please see the approved list and school codes below.

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.

At your Pace: AYP
Blue Mountain Community: BMCC
Central Oregon Community: COCC
Chemeketa Community: CCC
H&R Block Tax School: HRB
H&R Block Albany: HRBA

H&R Block School Klamath Falls: HRBKF
Jackson Hewitt Tax School: JH
Liberty Tax School - Happy Valley: LTSHV
Liberty Tax School - Hillsboro: LIBH
Liberty Tax School -Portland: LIBP Liberty
Liberty Tax School - White City: LIBWH

Lane Community College: LCC
Linn Benton Community: LBCC Pacific
Northwest Tax School: PNWTS Portland
Community College: PCC
Platinum Professional Services: PPS
Other: If other write in name of School

Name of School: _____

INSTRUCTOR: _____

DATE COMPLETED MM YYYY _____

(FIRST AND LAST NAME)

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IMPORTANT INFORMATION (PLEASE READ)

- a) The Board will email you an "examination approval" notice if your application is approved. This notice will provide instructions on how to schedule and pay for your exam with PSI.
- b) Please refer to the Important Information about Your Exam document, which you will receive with your examination approval notice, for additional information.

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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 Application Fee

TOTAL FEES: \$ 60

You will pay PSI a \$50 exam fee when scheduling your Exam

Per OAR 800-020-0026 - Exam fees are **non-refundable** unless the applicant does not qualify to take the examination **OR** there is a verifiable circumstance 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.

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Payments

Send Payments - Payable to: OBTP
3218 Pringle Rd SE, Ste 250, Salem OR 97302
or FAX (503) 585-5797

NUMBER _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code: _____ Exp: ____ / ____

