

REGISTERED TAX AIDE APPLICATION

For Office Use Only
DATE RECEIVED:

Do NOT email this form with credit card info-we will call you to take that over the phone

OREGON BOARD OF TAX PRACTITIONERS

200 Hawthorne Ave., Suite D450
Salem, OR 97301

Fax (503) 585-5797

Website: www.oregon.gov/OBTP



Questions? (971) 701-1544

Email: tax.bd@tax.oregon.gov

1

PLEASE PRINT OR TYPE *All fields must be completed cf nci f Udd jWUjcb k J` bchVYdfc VWggYX*

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

2

COMPLIANCE ~MUST ANSWER - REGISTRATION WILL BE REJECTED IF LEFT BLANK~

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

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

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 been required to appear before or been sanctioned by any professional body or federal or state agency for alleged misconduct? Yes No

3

EMPLOYMENT To work as a Tax Aide, you must be supervised by a Licensed Tax Consultant (LTC), a CPA, PA, or attorney per ORS 673.615(2).

Supervisors Name:	Supervisors Signature:	License #:	Date:
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I hereby certify that I will be supervising and responsible for the listed Registered Tax Aide (RTA)

4

EDUCATION

Attach one of the following - 40-Hour Course Cert, 80-Hour Course Cert, or College Transcript (showing Tax or Accounting) to this application.

5

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.

Signature: _____ Date: _____

6

FEES

Registered Tax Aid (RTA) Initial ~ \$75

TOTAL FEES: \$ _____

7

CHECK OR MONEY ORDER

Mail to:
OREGON BOARD OF TAX PRACTITIONERS
200 Hawthorne Ave., Suite D450
Salem, OR 97301

CREDIT CARD PAYMENT

NUMBER _____ - _____ - _____ - _____

EXP DATE ____/____/____ CCV# _____

BILLING ADDRESS _____

BILLING ZIP CODE _____



IMPORTANT INFORMATION FOR NEW REGISTERED TAX AIDES

A) TO RECEIVE YOUR TAX AIDE REGISTRATION:

1. Complete the form on the other side of this page.
 2. Return this completed form, a copy of your Basic **40-Hour Course certificate, or a College Transcript** (retain original for your records), and applicable fee (see Section #6 on other side of this page) to the Board of Tax Practitioners. If you do not send the required materials you will not be registered and will need to resubmit your documentation.
 3. Registration will not be processed until all required information and fees are received and processed by the Tax Board office.
 4. No continuing education is required for the ~~first~~ year of a tax aide. A minimum of ~~one~~ continuing education must be completed annually thereafter.
 5. A Registered Tax Aide registration is only good for 4 years. On the 5th Year an RTA would either need to retake the Basic 40-Hour Course, 80-Hour Course, or resubmit a College Transcript.
 6. Registered Tax Aides can not renew late.
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B) OWNER/OPERATOR OF A BUSINESS:

1. If you will be an owner/operator of a business that offers tax preparation services, contact the Board of Tax Practitioners prior to advertising or offering services.
 2. All businesses owned by a tax aides expire December 15th
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The Board's website contains useful information for Tax Aides.

Please visit www.oregon.gov/OBTP for monthly Newsletters, Board Meeting announcements and Minutes, Oregon Statutes and Administrative Rules and other resources.

If you have any questions contact the Board office at 971-701-1544 or tax.bd@oregon.gov.

CONTACT INFORMATION

Please inform the Board office immediately regarding *any* change to your contact information, including e-mail address. The Board uses e-mail addresses as a form of communication to notify licensees of information distributed by the Board.

This includes but is not limited to newsletters, renewal notices and rule changes.

OAR 800-010-0041 requires licensees to notify the Board within 15 days of any change in contact information.