

TAX PREPARER RENEWAL APPLICATION AND TAX BUSINESS REGISTRATION

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

Questions? (971) 701-1544
Email: tax.bd@tax.oregon.gov

OREGON BOARD OF TAX PRACTITIONERS
550 Airport Rd. SE Suite A, Salem OR 97301
(This is a mailing address only)

Fax (503) 585-5797
Website: www.oregon.gov/OBTP

☐ PLEASE RETIRE MY TAX PREPARER LICENSE #P- _____ ☐ PLEASE CLOSE MY BUSINESS LICENSE# B- _____

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P- _____
TAX PREPARER LICENSE #

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED ☐

| | | |
|---------------------|-------------|-----------------|
| "LEGAL NAME" | | |
| Last: | First: | Middle Initial: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| 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.

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BUSINESS

B- _____
TAX BUSINESS LICENSE #

Check if change from last year

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.

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

CONTINUING EDUCATION ~ AFFIDAVIT

I hereby certify that I have acquired at least 30 hours of continuing education

**(2) hours of ethics is required as a condition of license renewal/ or reactivation. Proof of continuing education is required with this application.*

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

Must submit list with your renewal/reactivation application. If more space is needed, please attach additional page.

[illegible]

per OAR 800-015-0020(2):

| Type Code | CE Type - Description | Type Code | CE Type - Description | Type Code | CE Type - Description |
|-----------|-------------------------------|-----------|---|-----------|---|
| a | Taxation | d | Estate, Tax <i>OR</i> Investment Planning | g | Other- must demonstrate direct relationship to preparation of a client's income tax returns |
| b | Professional Conduct / Ethics | e | Computer Technology | | |
| c | Accounting and Payroll Theory | f | Tax representation:exam, collections, appeals | | |

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LICENSING FEES

LTP License Only – ACTIVE

Refer to OAR 800-020-0030(3)

(\$110) \$ _____



LTP License Only – INACTIVE

Refer to OAR 800-020-0030(6)

(\$50) \$_____

Combination LTP License / Business Registration

(\$220) \$_____

NOTE: Preparer licenses expire on September 30. License renewals postmarked after October 15 incur a reactivation fee of **\$50**. **If you are renewing after October 15 use the (*Preparer Reactivation Application (Form P-RA-app)*).** Also if you are renewing after October 15 copies of your Continuing Education Certificates are required.

Business registrations (for businesses owned by Licensed Tax Preparers) expire on October 15. A Combination license renewal and business registration must be postmarked or received by October 15 in order to receive the discounted rate of \$220.

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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:
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

