

**STATE OF RHODE ISLAND
BOARD OF ACCOUNTANCY**

560 Jefferson Blvd 1st Floor
Warwick, Rhode Island 02886

INITIAL PRACTICE UNIT APPLICATION

INSTRUCTIONS

1. This application entitled “Initial Practice Unit Application” should be used if the practice unit has established a physical office location in Rhode Island. If the practice unit has not established a physical office in Rhode Island, it does not need to obtain a Rhode Island practice unit license, but the practice unit is subject to the “no escape” provisions (service of process, disciplinary authority, etc.).
References: R.I. Gen. Laws 5-3.1-9(a); 5-3.1-7(g)(3).
2. Completing the application package consists of the below steps.
 - A. You must fill out the application in its entirety as well as the Tax Affidavit.
 - B. As part of the application, you will be required to provide a Federal Tax Identification Number. This requirement is derived from Chapter 5-76 of the R.I. Gen. Laws pertaining to taxation and cannot be waived.
 - C. Rhode Island does not charge a fee for the Initial Practice Unit Application or its Renewal Application.
 - D. Please be advised that the person you list under Rhode Island Licensed Designee must be a Rhode Island CPA.
 - E. All applicants for, or holders of, a license under this section shall notify the board in writing within thirty (30) days of the occurrence of the event:
 - (1) Of any change in the identities of the partners, officers, directors, or shareholders who are personally engaged in this state in the practice of public accounting;
 - (2) Of any change in the number or location of offices within this state required to be listed in the application pursuant to this section;
 - (3) Of any change in the identities of the persons supervising the offices;
 - (4) Of any issuance, denial, revocation, or suspension of a license by any other state.

- (5) Of a reduction below a majority of the ownership in the entity in terms of financial interests and voting rights
- F. To reference any of the R.I. Gen. Laws cited in this application, visit <http://webserver.rilin.state.ri.us/Statutes/>
- G. Additional information may be found at the Board of Accountancy's web page: <http://www.dbr.state.ri.us/divisions/accountancy/>
- H. Questions about this application may be directed to 401-462-9550 or by e-mail to jovonna.bennett@dbr.ri.gov.

State of Rhode Island
Initial Practice Unit Application
 Rhode Island Board of Accountancy
 560 Jefferson Blvd. 1st Floor
 Warwick, RI 02886

Please Note: All pages must be completed and returned before the application is processed.

<p>1. FIRM INFORMATION LICENSE # _____ <small>(IF NAME CHANGE PLEASE PROVIDE NEW PRACTICE UNIT NAME BELOW)</small> <small>(If applicable)</small></p> <p>PRACTICE UNIT NAME _____</p> <p>PRIMARY OFFICE ADDRESS:</p> <p>Street Address</p> <p>_____</p> <p>Town/City _____ State _____ Zip Code _____</p> <p>Rhode Island Licensed Designee _____ CPA License No.: _____ State _____</p> <p>PH No. (____) _____ Fax No. (____) _____</p> <p>Email: _____</p> <p><u>Fee: Rhode Island does not charge a fee for Practice Unit Applications</u></p>	<p>2. PRACTICE INFORMATION:</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Limited Liability Partnership</p> <p><input type="checkbox"/> Professional Corporation</p> <p><input type="checkbox"/> Sole Proprietor</p> <p>Provide your Practice Unit's FEIN (Federal Employment Identification Number), or if you do not have a FEIN number issued by the federal government, please enter your Tax ID: _____</p> <p>Identify the services the Practice Unit plans to perform and circle: Audits Reviews Attestation Engagements Agreed Upon Procedures Compilations Taxes Management Consulting Financial Consulting Other: _____</p>
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3. List all states in which Practice Unit holds a license and the license number (attach an addendum if necessary):

4. List all states in which Practice Unit has applied for a license (attach an addendum if necessary):

5. List all states in which Practice Unit has been denied, suspended, revoked, or has been disciplined (attach official documentation of disposition):

6. List of licensed owners & non-licensed owners/ equity holders/shareholders (attach an addendum if necessary):

<u>Name of Owner(s):</u>	<u>Percent Ownership</u>	<u>State & Lic. No: (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The practice unit must complete either subsection (a) or (b).

(a) Peer Review Exemption Certification:

I hereby certify that this practice unit does not perform accounting or auditing engagements including but not limited to attest services, audits, reviews, compilations, forecasts, projections, or other special reports. As such, this practice unit is not subject to the peer review requirements set forth in RIGL § 5-3.1-10.

Signature of Authorized Representative

OR

(b) Supervision Certification:

I hereby certify that all attest and compilation services, as defined in R.I.G.L. § 5-3.1-3, which are rendered by the practice unit in the State of Rhode Island are performed under the supervision of a licensee who currently holds a valid license issued by the Board or is in compliance with the substantial equivalency requirements set forth in R.I.G.L. § 5-3.1-7(g). Any individual licensee who performs or is responsible for supervising attest or compilation services and who signs or authorizes another person on behalf of the practice unit to sign reports on financial statements shall meet the competency requirements set forth in QC Section 40 – “The Personnel Management Element of a Practice Unit’s System of Quality Control Competencies Required by a Practitioner-in-Charge of an Attest Engagement” of the Statements on Quality Control Standards contained in the Professional Standards issued by the American Institute of Certified Public Accountants. If you have selected this option, please fill out the next section for Peer Review Registration.

Signature of Authorized Representative

Peer Review Registration:

Most recent Peer Review completed on _____
*In order to be issued a license for your practice unit, it is **mandatory** to enclose **The Report, Letters of Comments and Letter of Response**. All new Practice Unit must undergo a satisfactory peer review and submit documentation thereof upon renewal of this license. If this information is not included, this application will be returned as unacceptable.*

8. Malpractice Insurance Information (For All Practice Units, including peer review exempt)

Name of insurance company _____

Amount of coverage _____

Policy Number _____

All practice units required to be licensed pursuant to R.I. Gen. Laws § 5-3.1-9 shall maintain malpractice insurance in the amount of at least \$250,000 as a condition of licensing. This insurance requirement became effective July 1, 2006.

<https://rules.sos.ri.gov/regulations/part/400-00-00-1>

COMPLIANCE ACKNOWLEDGEMENT

I acknowledge that the Practice Unit, supervising CPAs, and employees/agents are responsible for becoming familiar with and complying with the provisions of the Rhode Island General Laws and regulations of the Board of Accountancy governing the practice of accountancy in Rhode Island. With respect to firm formation and composition, I acknowledge that a duly authorized representative of the Practice Unit has read and reviewed R.I. Gen. Laws § 5-3.1-9 to assure that that the firm structure meets the Rhode Island statutory requirements.

<http://webserver.rilin.state.ri.us/Statutes/TITLE5/5-3.1/5-3.1-9.HTM>

Date: _____ Signature: _____

ATTESTATION OF TRUTH AND ACCURACY

I attest under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this application.

Date: _____ Signature: _____

MANDATORY RHODE ISLAND TAX FORM

TAXPAYER STATUS AFFIDAVIT / IDENTITY FORM

All persons applying for or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

LICENSEE DECLARATION

PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

- I am currently pursuing administrative review of taxes owed to the state.

- I am in federal bankruptcy. (Case # _____)

- I am in state receivership. (Case # _____)

- I have been discharged from Bankruptcy. (Case # _____)

Type of License you're applying for:

Print Full Name

Social Security or Federal Tax Identification

Date

Signature