

CONSULTANT VERIFICATION OF WORK EXPERIENCE APPLICATION

Enrolled agents should use form E-Exam

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

APPROVE: _____

DATE: _____

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

OREGON BOARD OF TAX PRACTITIONERS

200 Hawthorne Ave., Suite D450
Salem, OR 97301

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

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EMPLOYER ~ READ CAREFULLY

Oregon Administrative Rules and Oregon Revised Statutes require each tax consultant applicant to furnish evidence from their employer that they were employed and worked a cumulative total of **1100 hours** advising, assisting or preparing personal tax returns during at least two of the last five years. To acquire sufficient hours, an applicant may work more than the required two years, but experience more than five years old cannot be counted toward the work experience requirement.

The employer must have documents verifying the amount of time actually devoted to personal income tax preparation.

In completing this verification, check carefully to avoid any errors in statements as to length of time covered and number of hours actually worked.

I hereby certify that _____ was employed by me and worked
(Name of Applicant -- please print)
under my supervision preparing, assisting or advising in the preparation of income tax returns.

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LIST EACH YEAR'S HOURS SEPARATELY

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

From: _____ To: _____ # OF HOURS: _____
(month) (day) (year) (month) (day) (year)

TOTAL HOURS: _____

Applicant's primary duties relating to personal income tax consisted of:

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I, the undersigned, declare under penalties of perjury that, to the best of my knowledge and belief, the above statement of applicant's employment record is true, correct and complete.

Business Name of Employer

Print Name of Certifying Supervisor

Street Address

Phone #

Signature of Certifying Supervisor

Mailing Address

Date Signed

City

State

Zip

License #

State Where Issued