PR-APP

TAX PREPARER RENEWAL APPLICATION AND TAX BUSINESS REGISTRATION

For Office Use Only DATE RECIEVED:

No

estions? (971) 701-154 ail: tax.bd@tax.orego	550 Airport Rd. SE	OF TAX PRACTITIONE Suite A, Salem OR 97301 ailing address only)	Fax (503) 585 Website: www.oregon.gov/0
SE RETIRE MY TAX P	REPARER LICENSE #P-	_ PLEASE CLOSE N	Y BUSINESS LICENSE# B
			P-
	IF MAILING ADDRESS LIAC OLI	ANOED .	TAX PREPARER LICENSE #
"LEGAL NAME	IF MAILING ADDRESS HAS CH		Middle
Las		First:	Initial:
Mailing Address:			
City:	State:	Zip Code:	
Cell	Home		Business
Phone: Fax:	Phone:		Phone:
I ax.	*E-mail:		
Check if cha	nge from last vear I am the	e Main Owner of this tax busi	B- TAX BUSINESS LICENSE #
Check if char		e Main Owner of this tax busi	TAX BUSINESS LICENSE #
	9:	e Main Owner of this tax busi	TAX BUSINESS LICENSE #
Business Name	9:	e Main Owner of this tax busing the Main Owner of	TAX BUSINESS LICENSE #
Business Name Physical Addres City: Designated	e: ss: State:		TAX BUSINESS LICENSE # ness County: DC License
Physical Addres City: Designated Consultant (DC):	e: ss: State:	Zip Code:	TAX BUSINESS LICENSE # ness County:
Business Name Physical Addres City: Designated	e: ss: State:		TAX BUSINESS LICENSE # ness County: DC License
Physical Addres City: Designated Consultant (DC): Business Fax:	e: ss: State:	Zip Code: Business E-mail:	County: DC License Number:
Physical Addres City: Designated Consultant (DC): Business Fax:	e: ss: State:	Zip Code: Business E-mail:	TAX BUSINESS LICENSE # ness County: DC License Number:
Business Name Physical Addres City: Designated Consultant (DC): Business Fax: Any	e: State: Changes to this information need to be re	Zip Code: Business E-mail:	TAX BUSINESS LICENSE # ness County: DC License Number: ess days per OAR 800-010-0041.
Business Name Physical Addres City: Designated Consultant (DC): Business Fax: Any COMPLIANCE	e: State: Changes to this information need to be re	Zip Code: Business E-mail: ported to the Board within 15 busine	TAX BUSINESS LICENSE # ness County: DC License Number: ess days per OAR 800-010-0041. CTED IF LEFT BLANK~
Business Name Physical Addres City: Designated Consultant (DC): Business Fax: Any COMPLIANCE Since your last	e: ss: State: changes to this information need to be re ~MUST ANSWER - If yes, attach an e	Zip Code: Business E-mail: ported to the Board within 15 busine RENEWAL WILL BE REJE xplanation and provide date(s),	County: DC License Number: Pess days per OAR 800-010-0041. CTED IF LEFT BLANK~ location, and summary.
Business Name Physical Addres City: Designated Consultant (DC): Business Fax: Any Compliance Since your lass Has a license in a	changes to this information need to be re **MUST ANSWER - If yes, attach an ett renewal date any other occupation or professional refused, suspended, revoked, or rest	Zip Code: Business E-mail: ported to the Board within 15 busine RENEWAL WILL BE REJE xplanation and provide date(s), capacity issued in your name b	TAX BUSINESS LICENSE # ness County: DC License Number: ess days per OAR 800-010-0041. CTED IF LEFT BLANK~ location, and summary. y any governmental Yes No
Business Name Physical Addres City: Designated Consultant (DC): Business Fax: Any Compliance Since your last entity ever been professional licer	changes to this information need to be re **MUST ANSWER - If yes, attach an ett renewal date any other occupation or professional refused, suspended, revoked, or restricted. f any current, proposed, pending or the second of the secon	Zip Code: Business E-mail: ported to the Board within 15 busine RENEWAL WILL BE REJE xplanation and provide date(s), capacity issued in your name be ricted OR have you ever volunt	TAX BUSINESS LICENSE # County: DC License Number: ess days per OAR 800-010-0041. CTED IF LEFT BLANK~ location, and summary. y any governmental arily relinquished a

Have you ever been required to appear before or been sanctioned by any professional body or

governmental entity for alleged misconduct?

4	CONTINUIN		TION ~ AFFIL certify that		cquired at least 30 hours of	contir	nuina educatio	n
	*(2) hours of	•	•		ense renewal/ or reactivation. Proof		•	
	application.			OF 1	ana da a 🗖 lam yanguing ingg	بطا مينة	ava liatad may OF	h a
Inis	s my first yea	r of licens	e renewal; no	CE nours	are due.		red to submit CE hours	·
Must s	submit list with vo	ur renewal/re	activation applicat	tion. If more s	pace is needed, please attach additional pa		Refer	to OAR 800-020-0030(6), OAR 800-020-00
Widot	Date(s)	Type Code	Hours Claimed		Title of Program		Sponsor Nam	ne
	OAR 800-015-0020		win ti n n	T 0 - 1 -	CE Type Description	Tuna Cad	OF Type	Description
	Type Code CE Type - Description a Taxation b Professional Conduct / Ethics		приоп	Type Code	CE Type - Description Estate, Tax OR Investment Planning	Type Cod	Other- must demonstra	- Description
				е	Computer Technology	g	preparation of a client's	
(c Account	ing and Payrol	I Theory	f	Tax representation:exam, collections, appeals			
	LICENSIN	IG FEE	S					
5			=					
LTP License Only – ACTIVE Refer to					Refer to OAR 800-020-0030(3)	er to OAR 800-020-0030(3) (\$110) \$		
	LTP License Only – INACTIVE Ref				Refer to OAR 800-020-0030(6)	fer to OAR 800-020-0030(6)		
☐ Combination LTP License / Business F				siness Registration	s Registration			
NOTE: Preparer licenses expire on September 30. License renewals postmarked after October 15 incur a reactivation fee of \$50. If you								f \$50 If you are
enewing	after October	15 use the	(Preparer Rea	activation A	pplication (Form P-RA-app). Also			
our Contir	nuing Educatio	n Certificat	es are required					
Business	registrations ((for busine	esses owned b	y Licensed	Tax Preparers) expire on October	r 15 . A C	ombination license	e renewal and
ousiness re	egistration mus	st be postm	arked or receive	ed by Octob	er 15 in order to receive the discoun	ited rate	01 \$220.	
	SIGNA	TURE						
6			urv. I declare th	at I have ex	amined this renewal application, incl	uding an	v accompanying	
	·		-		belief, it is true, correct and comple	-	,	
	Signature				Date)		
	CHEC	CK OB	MONEY (JDDED	CREDIT CAI	ם חכ	VMENT	V/ICA
7	CHEC	JK OK	WONET	JNDEN	CINEDII OAI	\D I A	XI IVILLIA I	VISA
					NUMBER -	_	-	
Mail To: STATE BOARD OF TAX PRACTITIONERS 550 Airport Rd. SE, Suite A Salem, OR 97301				EXP DATE/			(MasterCard)	
			BILLING ZIP CODE			DISCOVER'		