

North Carolina State Board of Certified Public Accountant Examiners
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-1423 • Fax 919-733-4209 • Web nccpaboard.gov

REGISTRATION OF A PARTNERSHIP

21 NCAC 08J .0108 requires all CPA firms to register with the Board and re-register annually in accordance with NCGS 93-12(8)(a) and 21 NCAC 08J and 08K.

Pursuant to 21 NCAC 08N .0306(c), the firm's name on letterhead, contracts, engagement letters, tax returns, and all professional services reports must match exactly the firm's name as registered with the Board and the NC Department of Secretary of State (SOS).

To register a partnership, submit the following items to the Board:

- One copy of the proposed CPA firm letterhead;
- Completed "Registration of a Partnership;"
- Completed "Required Information;" and
- Check payable to the State Board of CPA Examiners for the proper fee.

There is no fee for registering a partnership CPA firm with offices in North Carolina only.

The fee for registering a partnership CPA firm with offices in North Carolina and at least one other state is \$10.00/per partner with a maximum fee of \$2,500.00.

KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS.

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CPA Firm Name: _____

Name of Supervising CPA: _____

Supervising CPA's Certificate No.: _____

Mailing Address: _____

City, State & ZIP: _____

Street Address: _____

City, State & ZIP: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Does the applicant partnership operate or maintain any other offices? _____ N _____ Y

If yes, provide the information requested above on an attached sheet for all other offices operated or maintained by the applicant partnership.

I practiced and have ownership in (CPA firm name) _____

and wish to ____ continue ____ cancel that CPA firm's registration (NOT including this registration).

Signature

Date

Title

REQUIRED INFORMATION
Registration of a Partnership

Resident Owners

Provide the name, address, phone number, and NC CPA certificate number of each CPA owner. Provide the name, address, phone number, and social security number for each non-CPA owner. Attach additional sheet(s) if needed.

Name _____ NC CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____

Name _____ NC CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____

Name _____ NC CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____

Non-Resident Owners

Provide the name, address, phone number, and CPA certificate/license number (including jurisdiction) of each CPA owner. Provide the name, address, phone number, and social security number for each non-CPA owner. Attach additional sheet(s) if needed.

Name _____ CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____

Name _____ CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____

Name _____ CPA No. or SSN: _____

Address _____

City, State & ZIP _____ Phone No. _____

Percent of Ownership _____