



North Carolina State Board of Certified Public Accountant Examiners

APPLICATION PACKAGE FOR CPA-RETIRED STATUS

Attached is an application for CPA-retired status. A licensee may move from active or inactive status to CPA-retired status based on their compliance with the requirements of the CPA-retired status. Please review the list below before submitting the application package to the Board to ensure you have correctly completed the forms and enclosed all necessary information. All required forms must accompany the application, or the Board will return the entire application package to you. Please keep a copy of all documents for your reference.

APPLICATION FORM

- Did you review the requirements for being classified as CPA-retired?
- Do you understand the services that can be performed on CPA-retired status?
- Did you initial each attestation and affirmation on page 1 of the application?
- Did you check the correct box indicating your current certificate status as either active or inactive?
- Did you answer the questions regarding your military status?
- Did you sign and date the application?
- Did you complete the Employee Fair Classification Act (EFCA) Questionnaire?
- Did you complete the Ethnicity and Gender Questionnaire?

If you are currently on **inactive status**:

- Did you answer all questions in the moral character section of the application?
 - You must disclose all convictions except those that have been expunged, regardless of when those convictions occurred.
 - If you answered “yes” to any moral character question, did you explain the circumstances of each “yes” answer?
- Did you enclose a \$60.00 check payable to the **NC State Board of CPA Examiners** or complete the Credit/Debit Card Payment Authorization slip?

If you have questions about completing this application, contact the Licensing Section staff at (919) 733-4222.



North Carolina State Board of Certified Public Accountant Examiners

21 NCAC 08J .0112 RETIRED STATUS - CHANGE OF STATUS

(a) A CPA on active or inactive status may apply to the Board for a change to CPA-retired status if that CPA completes an application provided by the Board confirming the following:

- (1) they will not perform any of the services listed in 21 NCAC 08A .0307(2) except that:
 - (A) they may prepare tax returns for themselves and their immediate family members without compensation. Immediate family is defined as spouse, domestic partner, parent, child, sibling, stepparent, parent-in-law, stepchild, child-in-law, grandparent, grandchild, sibling-in-law, or legal dependent; and
 - (B) they may prepare tax returns through public service programs without compensation, such as the Volunteer Income Tax Assistance program.
- (2) they will not hold themselves out to the public as a certified public accountant while they remain on CPA-retired status except that they may use the designation "CPA-retired".
- (3) they consent to the continued regulatory authority of the Board.

(b) Individuals on CPA-retired status may receive compensation for any services that are not listed in 21 NCAC 08A .0307(2).

(c) Individuals on CPA-retired status must renew their certificate annually as set forth in 21 NCAC 08J .0101. However, individuals on CPA-retired status are exempt from the Board's annual CPE requirements.

(d) In addition to the requirements in Paragraph (a) of this Rule, the application to move from inactive status to CPA-retired status will also contain the requirements set forth in 21 NCAC 08F .0502. However, the application will not require an experience affidavit or three certificates of good moral character.

(e) An individual on CPA-retired status may change to active status by:

- (1) furnishing the Board with evidence of satisfactory completion of 40 hours of CPE courses during the 12-month period immediately preceding the application for change of status. Eight of the required hours shall be credits derived from a course or examination in North Carolina accountancy statutes and rules (including the Code of Professional Ethics and Conduct as set forth in 21 NCAC 08N contained therein) as set forth in 21 NCAC 08F .0504; and
- (2) submitting three certificates of good moral character completed by CPAs on active status.

21 NCAC 08A .0307 PUBLIC PRACTICE OF ACCOUNTANCY OR ACCOUNTING

(a) A person is engaged in the "public practice of accountancy" who:

- (1) holds himself or herself out to the public as a certified public accountant or an accountant; and
- (2) in consideration of compensation received or to be received, offers to perform or does perform for other persons services that involve:
 - (A) preparing, auditing, or verifying financial transactions, books, accounts, or records;
 - (B) preparing, verifying or certifying financial, accounting, and related statements intended for publication, including preparing tax returns;
 - (C) rendering professional services or assistance in or about any and all matters of principle or detail relating to accounting procedure and systems; or
 - (D) recording, presenting or certifying, and interpreting such service (including tax, consulting or management advisory services) through statements and reports.

(b) Services, as described in Subparagraph (a)(2) of this Rule, may be performed on a full-time, part-time or temporary basis in the various accounting fields, including public accounting, governmental or other not-for-profit accounting, industrial, commercial or financial accounting, taxation and tax-related matters, or accounting education.



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Application For CPA-retired Status

NC CPA Certificate Number

Full Name (First Middle Last Suffix)

Mailing Address (Street Address or PO Box)

Mailing Address (City, State, & Zip Code)

Daytime Phone Number

Your Personal Email Address

Is this a change of address? Y N

I desire to be classified as CPA-retired. I have read 21 NCAC 08J .0112, and by initialing each statement below, I affirm that I understand each of the following:

Enter your initials in each box below:

I understand that **I cannot perform the following services regardless of whether they are compensated or uncompensated (volunteer):**

_____ Taxes

_____ Accounting and Bookkeeping

_____ Attest and Assurance Services

_____ Consulting Services

_____ Management Advisory Services

_____ Any other services as defined in 21 NCAC 08A .0307(a)(2)

_____ I understand that the only accounting services that I can render are income tax returns for certain family members and volunteer tax services to entities such as VITA.

_____ I consent to the continued regulatory authority of the Board and understand that while on CPA-retired status, I may receive compensation for other services **that are not considered to be the practice of accountancy as listed** in 21 NCAC 08A .0307(2)(a).

_____ I understand that I must renew my certificate annually, as stated in 21 NCAC 08J .0101; however, I will be exempt from the Board's annual CPE requirements while on CPA-retired status.

_____ If I decide to return to active status, I must adhere to the requirements of 21 NCAC 08J .0112(e).

CURRENT NC CPA LICENSE STATUS (check one)

I am currently on **active status** with the Board. As such, no fee needs to be remitted with this application. However, I understand that I will be subject to the annual license renewal fee going forward.

I am currently on **inactive status** with the Board. I understand that the Board will conduct a background check, including a check of criminal records, before allowing me to move from inactive to CPA-retired status. In addition, I understand that this application must be accompanied by the annual renewal fee of \$60. Payment may be made by check payable to the **NC State Board of CPA Examiners** or by completing the Credit/Debit Card Payment Authorization. I understand that I will be subject to the annual license renewal fee going forward.

MILITARY SERVICE

NCGS 93B-2 requires all occupational licensing boards to record the number of license applicants classified as active-duty military or a military veteran and the number of license applicants who are the spouse of a person classified as active-duty military or a military veteran.

Are you active-duty military or a military veteran? Y N

Are you the spouse of active-duty military or a military veteran? Y N

ADDITIONAL QUESTIONS FOR INDIVIDUALS ON INACTIVE STATUS

MORAL CHARACTER DATA: If you answer "Yes" to any of the questions below, you must submit a certified copy of the court records or a certified copy of the applicable license or disciplinary records with this application. You must also include a personal statement explaining each "Yes" answer.

Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded *nolo contendere* to any offense, **inclusive of traffic infractions**? If yes, please attach a copy of the relevant documents. You are not required to disclose any arrest, charge, or conviction expunged by a court. Y N

Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or revoked by a governing or licensing Board or a state or federal agency? Y N

Have you been investigated, charged, or disciplined, or are you currently under investigation by a governing or licensing Board or a state or federal agency? Y N

Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration, the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence? Y N

Signature

Date



North Carolina State Board of Certified Public Accountant Examiners

Employee Fair Classification Act

The 2017 Session of the North Carolina General Assembly passed Senate Bill 407 (Session Law 2017-203), "Employee Fair Classification Act."

§143-761. Title. This Article shall be known and may be cited as the "Employee Fair Classification Act."

§143-765. Occupational licensing boards and commissions; notice requirement; applicant certification and disclosure.

(a) Every State occupational licensing board or commission that is authorized to issue any license, permit, or certification shall include on every application for licensure, permit, or certification, or application for renewal of the same, the following:

- (1) Certification by the applicant that the applicant has read and understands the public notice statement.
- (2) Disclosure by the applicant of any investigations for employee misclassification and the result of the investigations for a time period determined by the occupational licensing board or commission.

(b) An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section.

Public Notice Statement

Required by NC Gen. Stat. §143-764(a)(5), effective December 31, 2017.

Any worker who is defined as an employee by NC Gen. Stat. §§95-25.2(4), *NC Department of Labor*; 143-762(a)(3), *Employee Fair Classification Act*; 96-1(b)(10), *Employment Security Act*; 97-2(2), *Workers Compensation Act*; or 105-163.1(4), *Withholding; Estimated Income Tax for Individuals*; shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

**Employee Classification Section
 North Carolina Industrial Commission
 1233 Mail Service Center
 Raleigh, NC 27699-1233
 Telephone: (919) 807-2582
 Fax: (919) 715-0282
 Email: emp.classification@ic.nc.gov**

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor [NC Gen. Stat. §143-762(5)].

I certify that I have read and understand the Public Notice Statement: Y N

I certify that I have not ever been investigated by any agency for employee misclassification: (If you answer no, attach documents applicable to the investigation(s) to this form.) Y N

Signature

Date



North Carolina State Board of Certified Public Accountant Examiners

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information, or disability. The sole use of the information requested below is to identify the population segments represented in the Board's examination and licensing database. If you prefer not to disclose your ethnicity or gender, please check the "I do not wish to disclose" box.

Ethnicity (Select One)

- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Ethnicities (Not Hispanic or Latino):** All persons identifying with more than one of the above five ethnicities.
- Self-Identify Ethnicity** _____
- I Do Not Wish to Disclose My Ethnicity**

Gender (Select One)

- Male**
- Female**
- Self-Identify Gender** _____
- I Do Not Wish to Disclose My Gender**



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CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

Credit/Debit card payment cannot be processed unless all fields below are complete.

_____ MasterCard _____ VISA _____ American Express Amount \$ _____

Credit Card Number _____

CVV/Card Security Code _____ Expiration Date _____
(3-digit code for MC/VISA) (MM/YYYY)
(4-digit code for AmEx)

Exact Name on Card _____

Billing Address for Card _____
Street or PO Box and City, State, Zip Code

Signature _____ Date _____

Rev. 06-2023

**\$60.00 PAYMENT IS REQUIRED ONLY IF YOU ARE MOVING
FROM INACTIVE STATUS TO CPA-RETIRED STATUS.**