



Public Accounting Firm Creation Form

(Please print legibly)

Instructions: Please provide the following information required to create a new public accounting firm.

NOTE: If this firm is the result of one the following options, please check the appropriate box. Additional information will be required. A new form will be emailed to you for completion based on the information provided.

- | | |
|---|---|
| <input type="checkbox"/> Firm Dissolution | <input type="checkbox"/> Firm Name Change |
| <input type="checkbox"/> Firm Merger | <input type="checkbox"/> Firm Sale |
| <input type="checkbox"/> Firm Purchase | <input type="checkbox"/> Change in Employment |

To avoid processing delays, please return this form to the Texas Society of CPAs - Peer Review Department at PeerReview@tscpa.net. If you have questions, please call 1 (800) 428-0272, option 2.

Information about your firm:

- New Firm (Never enrolled in a Peer Review Program) YES NO
- Reinstatement (Previously enrolled in a Peer Review Program) YES NO

- Firm/Individual Name: _____
- Federal Employee Identification Number (EIN) - (Do not enter a Social Security Number):

- If your firm does not have an EIN, please go to www.irs.gov to apply for an EIN online. Providing a valid EIN is required for enrollment and is a condition of cooperation with the program.

Address and contact information:

- Office Address: Street/PO Box: _____
City: _____ State: _____ Zip: _____

- Managing Partner: Mr. Mrs. Ms.
First: _____ MI: _____ Last: _____
Is the Managing Partner an AICPA member? YES NO
If Yes, please provide the Member/Customer Number: _____
Is the Managing Partner a State Society member? YES NO
If yes, please provide the State Society member number: _____
Primary Telephone Number: (____) ____ - _____ Email Address: _____

- If contact person for peer review matters is different from Managing Partner, provide the following:
Contact Person: Mr. Mrs. Ms.
First: _____ MI: _____ Last: _____
Primary Telephone Number: (____) ____ - _____ Email Address: _____
Is the Contact Person an AICPA member? YES NO

If Yes, please provide the Member/Customer Number: _____

Is the Contact Person a State Society member? YES NO

If yes, please provide the State Society member number: _____

Primary Telephone Number: (____) _____ - _____ Email Address: _____

Other information:

- To determine the due date of your first Peer Review, please provide the following:
Field Work Date of first Reviewable Engagement (mm/dd/yyyy): ____/____/____

For Office Use Only:

- **PRIMA - Firm #:** _____
- **NetForum**
 - AICPA/Member/Nonmember**
 - Billing Code**
 - Demographics**
 - Invoice**
- **PR Files**
- **TSB Excel File**

Please return this form within 30 days to your administering entity by email or regular mail.

**Texas Society of CPAs
Peer Review Department
14651 Dallas Parkway -Suite 700
Dallas, TX 75254**

PeerReview@tscpa.net

Reference:

Firm Name: To ensure that the firm name in correspondence we will send you is accurate, your firm name in our records should agree with your firm's legal name and the firm license(s) issued by your applicable state licensing body(ies).

Firm's Federal EIN: In support of the AICPA's Enhancing Audit Quality initiatives to improve audit quality and to better serve the profession and the public, enrolling and enrolled firms will now be asked to provide an Employer Identification Number (EIN) to allow comparisons of firms in the peer review database (PRISM) with various regulatory databases. This effort will assist in identifying firms that are not enrolled in peer review (but are required to do so) and those that may not have provided accurate information to their peer reviewers. In either case, such firms are potentially putting enrolled firms at a competitive disadvantage by not complying with the rules, and pose significant risks to the profession and the public. Enter the firm's federal EIN most closely associated with the firm's public accounting practice subject to peer review. Do not enter a social security number. If you are a sole practitioner and do not have an EIN please visit IRS.gov to obtain an EIN and enter it in the boxes provided. Providing this information is required for enrollment and is a condition of cooperation with the program.

Partner: Depending on how a CPA firm is legally organized, its partner(s) could have other names, such as shareholder, member or proprietor.

Peer Review Contact: The Peer Review Contact should be carefully selected since the contact may be responsible for tasks other than coordinating the peer review. This is due to a change in how MFC forms are addressed by the firm. MFC forms were previously signed by engagement partner(s) for engagement questionnaire matters, or an individual charged with governance responsibility of the firm as a whole for matters relating to functional areas. New guidance requires that the MFC form be signed by the reviewed firm representative, which is the sole practitioner, managing partner or the peer review contact. That reviewed firm representative would also be responsible for discussing the MFC forms with the appropriate individuals within the firm, including those charged with governance. Thus if the reviewed firm representative is the peer review contact, that contact should be familiar with matters and MFC forms. For instance, for System Reviews, a peer reviewer notes a matter as a result of his or her evaluation of the design of the reviewed firm's system of quality control, and/or tests of compliance with it. For Engagement Reviews, a matter is noted as a result of evaluating whether an engagement submitted for review was performed and/or reported on in conformity with applicable professional standards. A matter is documented on an MFC form.