

BOARD USE ONLY	
_____	Reviewed
_____	Updated

2020 Annual Renewal of INACTIVE Certificate

All questions must be answered - INCOMPLETE FORMS CANNOT BE PROCESSED - DUE BY DECEMBER 31, 2019

This form is used for both registered inactive CPAs and registered CPAs wishing to change from Active to Inactive. By registering as inactive, you are exempt from CPE and you are agreeing to the statements below regarding use of the CPA title.

1. CONTACT INFORMATION

YES NO Are you electing to change your status from ACTIVE to INACTIVE for 2020?

Name: _____
Certificate NO. _____ Date of Birth _____
Email address _____

YES NO Has your name changed since your last renewal? (If so, you must attach supporting documentation – see instructions on page 2.)

Which is your preferred mailing address: Residence - or - Employer/Other (NOTE: If you leave your employer, you need to change your address)

Residence	Employer/Other Address
_____	_____
_____	_____
_____	_____
Phone No. _____	Phone No. _____

2. PRINCIPAL EMPLOYMENT INFORMATION

Employer Name _____ Position/Title: _____

YES NO Is your principal place of employment a Louisiana firm?
YES NO Is your principal employment with a PUBLIC PRACTICE accounting firm?

If no, skip to NON-PUBLIC PRACTICE

Choose ONE type of PUBLIC PRACTICE Accounting that describes your principal employment

- _____ Unincorporated Owner of Firm
- _____ General Partner
- _____ Limited Liability Partner
- _____ Sole Owner – Professional Corp. OR _____ Owner in Multi-owner – Professional Corp.
- _____ Single Member LLC OR _____ Member, Multi-owned LLC
- _____ Staff Employee (non-owner: Manager, Senior, Staff, Other)

YES NO Is your firm a partner / shareholder / member in another firm (firm within a firm)?
If yes, name of Firm _____

NON-PUBLIC PRACTICE (choose one)

- | | | | |
|---|-------------------|-----------------------|--------------------|
| _____ Attorney [partner] [staff] [sole owner] | _____ Unemployed | _____ Mgmt Consulting | _____ Acct Service |
| _____ Financial Planning/Investments | _____ Real Estate | _____ Government | _____ Industry |
| _____ Education | _____ Student | _____ Retired | _____ Other: _____ |

YES NO Do you own a separate public practice accounting firm? If yes, NAME _____
YES NO Is your separate firm a full-time practice?

3. CONFIRMATIONS

YES NO Have you been charged with, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal or that you have NOT previously disclosed to the Board? If YES, attach details, including the name of the court and the case no.

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YES NO Have you been the subject of any type of investigation or discipline by a licensing board, state or federal agency, regulatory authority, or professional CPA association or society relating to your employment or practice since your last renewal or *that you have NOT previously disclosed* to the Board? **If YES, attach details and copy of official order or pertinent documents.**

By signing this document I am agreeing that I will not offer or perform accounting, tax or related services involving the use of accounting or auditing skills, including the issuance of reports on financial statements, to Louisiana clients as a certified public accountant or as a "CPA Inactive". I acknowledge that I do not have practice rights as a CPA in Louisiana or other rights provided to those who are licensed by the State Board of CPAs of Louisiana. I do not and will not practice as a CPA or use the CPA title in Louisiana.

While in CPA inactive status, I will have the right to use the "CPA Inactive" title as follows: any time or place the designation may appear, I must use or place the word "inactive" adjacent to the CPA title. This is required on any business card, letterhead or any other document, device or medium (with the exception of my CPA certificate).

Signature _____

Date _____

RENEWAL FEES:	\$ 30 if received by 01/31/2020	
RENEWAL + DELINQUENT FEES:	\$ 90 if received by 02/29/2020	\$105 if received by 03/31/2020
	\$120 if received by 04/30/2020	\$135 if received by 05/31/2020
	\$150 if received by 06/30/2020	\$165 if received by 07/31/2020
	\$180 if received by 08/31/2020	\$195 if received by 09/30/2020
	\$210 if received by 10/31/2020	\$225 if received by 11/30/2020
	\$240 if received by 12/31/2020	

Instructions for 2020 Annual Renewal of INACTIVE Certificate

The *completed original* renewal form with payment is due by December 31, 2019. Delinquent fees are effective February 1, 2020. Failure to submit a completed renewal form and applicable fee by February 29, 2020 results in expiration of the certificate / license.

1. CONTACT INFORMATION

For legal name change: Include copy of marriage license, divorce decree, or court order. Name cannot be changed without these documents. **ALL contact information must be completed. A secondary address is another address where you may be reached for Board communication.**

2. PRINCIPAL EMPLOYMENT INFORMATION

Your principal employment or occupation is your primary source of income. If your principal place of employment is in public practice, indicate your status. If your principal place of employment is in non-public practice, choose the best type. If it is not listed, choose other and list type of employment (i.e. computer consultant, etc.).

NON-PUBLIC PRACTICE - These classifications *do not apply* if your employer or you: represent that you have, or "hold out" as, a CPA firm; or, perform attest services; or, are registered as a CPA firm or have a CPA Firm permit.

3. CONFIRMATIONS

If you checked YES to being charged, convicted of, or pled guilty or nolo contendere to any felony, or to a misdemeanor an element of which was fraud or dishonesty, since your last renewal or that you have NOT previously disclosed to the Board, you must attach the details of the matter including the court and the case number.