## State Board of CPAs of Louisiana 601 Poydras Street, Suite 1770 New Orleans, LA 70130

Phone: 504-566-1244 | www.cpaboard.state.la.us

| BOARD USE ONLY |          |
|----------------|----------|
|                | Reviewed |
|                | Updated  |
|                |          |

## 2024 Annual Renewal of RETIRED Certificate

All questions must be answered - INCOMPLETE FORMS CANNOT BE PROCESSED - DUE BY DECEMBER 31, 2023\*

| 1.             | CONTACT INFORMATION   |   |  |  |  |
|----------------|---|---|--|--|--|
|                | Name  | 2:  |  |  |  |
|                | Certi   | ficate NO Da  | ite of Birth   |  |  |
|                | Emai  | l address   |  |  |  |
| YES            | NO Has your name changed since your last renewal? (If so, you must attach supporting documentation.)  If Yes above, please write your new legal name:   |   |  |  |  |
|                | Whic  | Which is your preferred mailing address: [ ] Residence - or - [ ] Mailing |  |  |  |
|                | Resid   | lence   | Mailing Address  |  |  |
|                |   |   |  |  |  |
|                |   |   | Discuss No.  |  |  |
|                | Pnor  | ne No   | Phone No   |  |  |
| 2.             | PRIN  | PRINCIPAL EMPLOYMENT INFORMATION  |  |  |  |
|                | Empl  | oyer Name   | Position/Title:  |  |  |
| 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.   |   |  |  |  |
| 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. |   |  |  |  |
| 4.             | RENEWAL FEE   |   |  |  |  |
|                | Pleas   | se enclose a check made payable to the State                              | Board of CPAs of Louisiana in the amount of \$30.  |  |  |
| Act, bi        | ut I ma<br>the titl   | y perform uncompensated volunteer service                                 | rill not perform any services set forth in the Louisiana Accountancy as as long as I do not sign any documents related to such services I to Active or CPA Inactive status, I shall comply with provisions |  |  |
| Signature Date |   |   |  |  |  |

<sup>\*</sup> The Board will not assess a late fee for Retired CPAs.