



**APPLICATION FOR REGISTRATION FOR AN ACCOUNTING PROFESSIONAL CORPORATION**

State Form 10555 (R12 / 12-14)  
Approved by State Board of Accounts, 2013

**INDIANA BOARD OF ACCOUNTANCY  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
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Professional accounting corporations may be organized for the practice of public accounting upon compliance with the Professional Corporation Act of 1983, IC 23-1.5 and IC 23-1.5-2-3(a)(1).

Notification shall be given to the Secretary of State's Office and the Indiana Board of Accountancy within thirty (30) days after a change of business address of the professional corporation and the admission or withdrawal of a shareholder, giving the names and addresses submitted to the Secretary of State's Office and the Board of Accountancy. Pursuant to IC 25-2.1-5, a professional corporation must also obtain a permit to practice accountancy as a firm.

\* Your Federal Identification number is requested by this agency in accordance with Indiana Code and it is mandatory that it be given. Numbers are made available to the Department of Revenue.

**FOR OFFICE USE ONLY**

Application fee	Date fee paid ( <i>month, day, year</i> )	Receipt number
License number issued	Date license issued ( <i>month, day, year</i> )	

**DO NOT WRITE ABOVE THIS LINE**

Federal Identification number *	Firm license number	Date ( <i>month, day, year</i> )
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The proposed Corporation known as \_\_\_\_\_ is engaged in the practice of public accountancy in this state and hereby makes application for registration pursuant to the Professional Corporation Act of 1983, IC 23-1.5.

The principal office of the corporation is:

Name of corporation

Address (*number and street, city, state, and ZIP code*)

Telephone number (     )	E-mail address
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List the names and addresses of all shareholders. State the type of license held, state of licensure, and registration number. At least one (1) shareholder must be licensed in Indiana. Attach an additional 8 1/2 x 11 " sheet if necessary. Please write N/A if not applicable.

NAME AND ADDRESS	TYPE OF LICENSE HELD	STATE OF LICENSURE	REGISTRATION NUMBER

List the names and addresses of all officers. State the type of license held, state of licensure, and registration number. The secretary and treasurer also need to be listed but are not required to be licensed in Indiana or another state. Attach an additional 8 1/2 x 11 " sheet if necessary. Please write N/A if not applicable.

NAME AND ADDRESS	TYPE OF LICENSE HELD	STATE OF LICENSURE	REGISTRATION NUMBER

List the names and addresses of all the directors. State the type of license held, state of licensure, and registration number. Attach an additional 8-1/2" x 11" sheet if necessary. Please write N/A if not applicable.

NAME AND ADDRESS	TYPE OF LICENSE HELD	STATE OF LICENSURE	REGISTRATION NUMBER

I hereby certify that the above information is true and correct.

Signature of Indiana licensed shareholder

Date signed (month, day, year)