

Application fee

INDIANA BOARD OF ACCOUNTANCY PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, Indiana 46204 Telephone: (317) 234-3022 E-mail: accountancy@pla.in.gov

Receipt number

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.

Date fee paid (month, day, year)

FOR OFFICE USE ONLY

ense number issued		1	Date license issued (month, day, year)					
DO NOT WRITE ABOVE THIS LINE								
Federal Identification number *	Firm license number			Date (month, day, year)				
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					
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				STATE OF LICENSURE	REGISTRATION NUMBER			
	(Continu	ued on	reverse side)					

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