



APPLICATION FOR ACCOUNTANCY FIRM PERMIT

State Form 46609 (R8 / 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
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov

* Your Federal Identification Number is being requested by this state agency in accordance with Indiana Code. Disclosure is voluntary and you will not be penalized for refusal. Federal Identification Numbers may be made available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY

APPLICATION FEE:		LICENSE NUMBER ISSUED:	
DATE FEE PAID (month, day, year):		DATE LICENSE ISSUED (month, day, year):	
RECEIPT NUMBER:		LICENSE OBTAINED BY:	

DO NOT WRITE ABOVE THIS LINE

Pursuant to IC 25-2.1-5-7, an applicant shall notify the Indiana Board of Accountancy in writing, not more than thirty (30) days after a change:

- (a) in the identities of partners, members, officers, or shareholders who work regularly in Indiana;
- (b) in the number or location of offices in Indiana;
- (c) in the identity of the individuals in charge of the offices; and
- (d) of the issuance, denial, revocation, or suspension of a permit by another state.

Federal Identification number *

Date (month, day, year)

The firm known as _____ is engaged in the practice of public accountancy in this state and hereby makes application for a Permit to Practice Accountancy pursuant to IC 25-2.1-5.

This firm is a (check one):

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership |

1. The name and address of the principal office of the firm.

Name of principal office

Telephone number

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

E-mail address

2. Other offices located within the state of Indiana (attach additional listing if necessary). Please write N/A if not applicable.

ADDRESS OF OFFICE (number and street, city, state, and ZIP code)	NAME OF OFFICE MANAGER	INDIANA PA-AP CERTIFICATE NUMBER	INDIANA CPA CERTIFICATE NUMBER	CPA OF STATE OTHER THAN INDIANA

3. The name and Indiana certificate number of the sole proprietor (if applicable), each partner, member, officer, or shareholder who regularly works in Indiana, the total percentage of equity ownership and the voting rights of the licensees in the firm. Attach an additional 8-1/2" x 11" sheet if necessary. Please write N/A if not applicable.

NAME OF SOLE PROPRIETOR, PARTNER, MEMBER, OFFICER, OR SHAREHOLDER	INDIANA CERTIFICATE NUMBER	PERCENTAGE OF EQUITY OWNERSHIP AND VOTING RIGHTS

4. The name of each nonlicensed CPA/PA/AP partner, member, officer, or shareholder, job title, percent of ownership, and percent of time devoted to client service. Attach an additional 8-1/2" x 11" sheet if necessary. Please write N/A if not applicable.

NAME OF PARTNER, MEMBER, OFFICER, OR SHAREHOLDER	JOB TITLE	PERCENTAGE OF OWNERSHIP	PERCENT DEVOTED TO CLIENT SERVICE

5. The name and Indiana certificate number of each employee holding a certificate who regularly works in Indiana. Attach an additional 8-1/2" x 11" sheet if necessary. Please write N/A if not applicable.

NAME OF EMPLOYEE	INDIANA CERTIFICATE NUMBER

