SBA_ 2020 Renewal 7/20

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION Board of Accountancy 450 Columbus Blvd, Ste. 801 Hartford, CT 06103 Email: dcp.licenseCPA@ct.gov Web site: <u>www.ct.gov/dcp</u>



For Official Use Only				

2020 Connecticut CPA License Renewal Form

This renewal is for an individual CPA license that expires on December 31, 2019. Mail the completed form(s) and the appropriate fee to the address above no later than December 31, 2019.

Check only (\checkmark) one:

I choose to renew my CPA License for 2020. To renew your license, complete both pages of this renewal and return with a check or money order in the amount of \$565.00 made payable to "Treasurer, State of Connecticut"

I choose <u>NOT</u> to renew my CPA License for 2020 and would like to apply for Registration of my CPA Certificate for 2020. To apply for the Registration, please return this page of the renewal (2nd page not required) with a check or money order for \$40.00 made payable to "Treasurer, State of Connecticut." NOTE: Registration of a Certificate provides only limited use of the title Certified Public Accountant and the initials CPA.

____ I choose <u>NOT</u> to renew my CPA License for 2020. I understand my license will be inactive and I will no longer practice with the CPA title during the inactivation of my Connecticut CPA license. Should you wish to reinstate your CPA License, after a lapsed year(s) you must complete the reinstatement application available on our website, <u>www.ct.gov/dcp</u>. 40 hours of CPE is required in order to reinstate, see application for instructions. (You cannot reinstate online once the license status is lapsed).

Section I: Renewal Applicant

First Name	Mid	ldle Name	Last Name							
Business Name (If using business address please state business name)										
Street Address		City		State	Zip Code					
Telephone Number	Email Address (man			Date of Birth						
Social Security Number*	CT CPA Certificate Number		CT CPA Lic	CT CPA License Number						

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to CCS17b-137a.

Section II: Other State Licenses & Felony Conviction(s)

1. List **all** jurisdictions where you hold a CPA certificate/registration/license (abbreviations only):

2. Have you ever been convicted of a crime which constitutes a felony? **Yes No** If Yes, attach a statement of explanation

Section III: Attestation

I,

(Printed Name of Renewal Applicant)

declare under penalty of perjury, under the laws of the State of

Connecticut that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the license.

Signature of Renewal Applicant

Date

CPA LICENSE RENEWAL FORM Cont.

Continuing Professional Education Reporting Sheet Please complete this form in its <u>entirety</u> as it applies to you.

<u>New Law</u> - Connecticut CPA License holders whose principal place of business is outside of this state, <u>and</u> holds an active license in another jurisdiction may show compliance by signing below that he or she has completed the continuing professional education requirements in their principal place of business during his or her last renewal.								
I certify I have complied with my CPE requirements under my active CPA License in said, Print name of CPA								
jurisdiction	under License No	Si	gnature_			Date_		
If you report CPE's in a selected for audit.	another jurisdiction,	, you <u>will be</u> responsibl	e for ma	intaining your CPE do	ocument	ation in the e	event you are	
compliance with the cor	tinuing professional	ectifically exempted, are education (CPE) for the license into the next cale	fiscal yea	ar 7/1/2018 through 06,				
Please keep copies of your reported CPE's. You, the licensed CPA are responsible for keeping and maintaining your reported CPE's for up to three reporting cycles in the event you are selected for audit.								
If you are specifically e >	cempt from reportir	ng CPE – check the appr	ropriate	box:				
I am exempt from the	e 2019 CPE requirer	nent because my CT CI	PA Licer	se was issued betweer	n 7/1/20	018 through 1	12/31/2019.	
I am exempt from the	e 2019 CPE requirer	nent because my CT CI	PA Licer	nse was reinstated betw	veen 1/1	1/2019 throu	gh 12/31/2019.	
 I am exempt from the 2019 CPE requirement because my CT CPA License was reinstated between 1/1/2019 through 12/31/2019. The State Board of Accountancy has issued me an exemption for this CPE cycle and I have attached supporting documentation. 								
Enter courses using this r provided below. Incom					cate the	number of	pages being	
Program Sponsor		Program Title or Desc		Date(s) Attended entire date required (mm/dd/yy)		gram Type odes below)	CE Hours	
 *Please use the following codes to complete the Program Type Column: I = Instructor at a CE course or program (maximum of 20 CE hrs. per year) P = Participant or attendee at a CE course, seminar or program 							Sub or carry over total:	
 S = Self Study Course (unlimited) A = Author credit is being claimed (maximum of 10 CE hrs. per year) E = Ethics course credit being claimed (4 hours every three years) 							Total No. of hours:	
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