

Peer Review Enrollment Form for NCACPA Members

Please type or print the following information.

1. Firm Name: _____
2. Contact: _____
3. Address: _____

4. Telephone: (____)_____ Ext: _____ Fax (____)_____
5. Email Address: _____
6. Fiscal Year-end: _____
7. Number of Owners: _____
8. Number of Professionals (professionals are all personnel who perform professional services for which the firm is responsible, whether or not they are CPAs): _____
9. Total number of engagements performed under the Statements on Auditing Standards (SASs), examinations of prospective financial statements under the Statements on Auditing Standards for Attestation Engagements (SSAEs), and Government Auditing Standards.
 None 1 to 5 6 to 9 10 or more
10. Does the Firm Perform:

Reviews?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compilations with disclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compilations without disclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compilations of financial statements where "Selected Information – Substantially all Disclosures Required are Not Included?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engagements performed under the SSAEs, excluding those included # 9 above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Client year-end of the first engagement issued: _____
Date the first engagement was issued: _____
12. State Board's Peer Review Deadline (if applicable): _____
13. Signature of Managing Owner: Mr. / Ms. (please circle)

_____ Date: _____

return completed enrollment form to:

Mary Kelly
NC Association of CPAs
PO Box 80188
Raleigh, NC 27623