

CLOSING OF FIRM

Alabama State Board of Public Accountancy

PO Box 300375

Montgomery AL 36130-0375

334-242-5700 www.asbpa.alabama.gov

The following to be completed by the firm's Resident Manager.

Please Print Legibly

Firm #: _____

Firm Name: _____

Address: _____

City

State

Zip Code

Resident Manager: _____ Cert #: _____

Phone: _____ Email: _____

Please answer the following questions:

1. Date firm closed? _____

2. Is the firm currently enrolled in Peer Review? Yes: _____ No: _____

If Yes, what is the client year end of the last report issued? _____

3. Will you be performing tax services using your name after the firm is closed? Yes: _____ No: _____

4. Will you be performing any audits, compilations, or reviews after the firm is closed? Yes: _____ No: _____

5. Are you the only employee of the firm? Yes: _____ No: _____

6. Is the closure of this firm the result of a merger with another CPA firm? Yes: _____ No: _____

If Yes, please provide the name of the other firm. *NOTE: Permission from clients is needed to transfer files to new firm.*

7. Is the closure of the firm due to retirement of your CPA license? Yes: _____ No: _____

If No, please list the type of work you will be doing and/or provide the name of your employer.

Comments: _____

• I am no longer performing anything that is considered practicing public accounting as described in [Ala. Admin. Code r. 30-X-1-.01\(f\)\(1\)](#).

• I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. I certify under penalty of perjury that all representations made on this form are true and accurate.

Resident Manager Signature

Date