

**North Carolina State Board of Certified Public Accountant Examiners**  
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605  
Phone 919-733-1423 • Fax 919-733-4209 • Web www.nccpaboard.gov

**REGISTRATION OF A PARTNERSHIP**

Pursuant to 21 NCAC 08J .0108, all CPA firms are required to register with the Board and must re-register annually in accordance with NCGS 93-12(8)(a) and 21 NCAC 08J and 08K. Please keep a copy of all documents for your reference.

**NOTE:** Pursuant to 21 NCAC 08N .0306(c), the firm's name on letterhead, contracts, engagement letters, tax returns, and all professional services reports must match exactly the firm's name as registered with the Board and if applicable, the Secretary of State.

**FEES:** CPA firms with North Carolina offices ONLY = NO FEE  
CPA firms with offices in North Carolina AND other state(s) = \$10.00/per partner  
(maximum fee = \$2,500.00)

\_\_\_\_\_  
CPA Firm Name: \_\_\_\_\_

Supervising CPA: \_\_\_\_\_

Supervising CPA's Certificate No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

I practiced and have ownership in (CPA firm name) \_\_\_\_\_  
and wish to \_\_\_ continue \_\_\_ cancel that CPA firm's registration (NOT including this registration).

For all other offices operated or maintained by the applicant partnership, provide the information requested above on an attached sheet. If there are no other offices, check here ( ).

Complete the attached *Required Information* sheet and submit with the proper fee and one copy of the firm's proposed letterhead.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**REQUIRED INFORMATION**

**1) List all resident North Carolina owners below or on additional sheets:**

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ NC Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

**2) List all non-resident owners below or on additional sheets:**

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Orig. Cert. # (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Percent of Ownership \_\_\_\_\_ SS # \_\_\_\_\_