

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Accountancy

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4770 • Contact.Accountancy@llr.sc.gov • Fax: 803-896-4554 llr.sc.gov/acct

INITIAL IN-STATE FIRM REGISTRATION

An accounting firm with a principal place of business in South Carolina must register an office that will serve as its headquarters and list all other SC locations and resident managers, along with their contact information.

Submit the following with your application to the above address:

• Check or money order only, in the amount of \$60 made payable to SC Board of Accountancy (All fees are non-refundable. NO CASH IS ACCEPTED. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)

APPLICANT INFORMATION

Firm Name:		1	Number of Offices in SC:				
Mail	ing Address:	City:	State:	Zip:			
Phys	ical Address:	City:	State:	Zip:			
Phon	ne No.:	Fax No.:					
Emai	il: (Required)						
FEIN	No.:	Date firm of	pened:				
Resident Manager Name:		Certificate/I	Certificate/License No.:				
	Type of Firm: (Check one only) □ CPA □ PA □ AP						
	Γype of Organization: (Check one only) ☐ Sole Proprietor ☐ Partnership ☐ LL ☐ Other: (Please explain)		•				
	What type of work does your firm perform? Compilations Payroll Processing Taxes Audit Prospective Financial Information A Other Services: (Please list)	☐ Reviews ☐ Gov ☐ ERISA Audits ☐ Fina agreed-Upon Procedures ☐ Prep	•	vithout Reports			
	f you provide Compilation or Attest service Program?	es, are you enrolled in an approve		∃Yes □ No			
	Please submit a copy of your most reconeed to produce evidence of enrollmen	-	, v				
	If Yes, when was your firm's last peer re		· •				

OWNERSHIP

List the name and license number of each licensed owner who are personally engaged in public practice, include percentage of ownership. Provide an attachment, if necessary.

	<u>Name</u>		<u>License No.</u>	<u>% of</u>	Ownership
1					
2					
3					
4					
5					
List the name of all non-licensed attachment, if necessary.	d owners; include their j	percentage of own	iersnip, job titie, a	na auties. i	rovide an
1. Name:			% of Ov	vnership: _	
Job Title:	Dutie	s:			
2. Name:			% of Ov	vnership: _	
Job Title:	Dutie	es:			
attachment, if necessary. 1. Location Address:	C			Ct. t	7'
1. Location Address:	Street	City		State	Zip
Resident Manager Name					
Email:					
2. Location Address:	Street	City		State	Zip
Resident Manager Name	::	•			
Email:			_		
3. Location Address:	Street	City		C4-4-	7:
Resident Manager Name		•	Phone No.:	State	Zip
Email:			_		
4. Location Address:					
Resident Manager Name				State	Zip
			_		
			-		
Location Address: Resident Manager Name	Street	City		State	Zip

bu	o all partners, officers, shareholders, members, or managers whose principal place of siness is in this State, who perform professional services in this State, hold a valid licentued by the SC Board of Accountancy?		□No
If	RM HISTORY QUESTIONS you answer "Yes" to any of the below questions, you will need to submit a detailed exp urt or other relevant documentation.	lanation along w	vith any
1.	Has the firm surrendered a professional license in any jurisdiction while under investig for potential disciplinary action or with disciplinary action pending?	gation Yes	□ No
2.	Has the firm been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law?	☐ Yes	□ No
3.	Has the firm had a judgment entered against it or settled a claim of any kind (whether administrative, judicial, or in arbitration) regarding fraud, dishonesty, misrepresentation professional malpractice?		□No
4.	Has any other state or federal agency revoked, suspended, reprimanded, otherwise lisciplined, or refused to renew your firm's right to practice for a reason other than failure o pay an annual registration fee?		□No
5.	Is your firm delinquent in filing any of the firm's required tax returns to include, but r limited to, income taxes, payroll taxes, or unemployment taxes?		□ No
I I rep	TTESTATION HEREBY CERTIFY, under penalties of perjury to the truth and accuracy of all some presentations contain herein. This office is under my direct supervision, and I hold a blic Accountant, Public Accountant or an Accounting Practitioner.		
	also certify that the firm is organized in accordance with South Carolina state law a ganization indicated in item 2 of this application.	pplicable to the	type of
I fi	urther certify that the firm is organized in accordance with the appropriate statute.		
rev of the org kir	my signature below (including electronic signature), I hereby authorize the administriew to release this Licensing Board any information, files, or records requested by the my firm's qualifications for accountancy practice in South Carolina. I hereby release, e. S.C. Board of Accountancy, its agent Resident Manager Signature or representational properties of the furnishing information concerning my firm's peer review from any and all liable darising out of the furnishing of such information, or arising from investigation made pard of Accountancy.	Board for its ev discharge and e tive, and any p bility of every na	valuation exonerate person or
Re	sident Manager Signature Date		
	orms are updated periodically; however, in the event of conflicting language, current sta the precedence. Nothing in this form supersedes, alters, or otherwise changes provisions	_	

Forms are updated periodically; however, in the event of conflicting language, current statutes and regulations take precedence. Nothing in this form supersedes, alters, or otherwise changes provisions of the South Carolina Code, Regulations, or Board Orders. Individuals should review the Board's current statutes and regulations, or contact Board staff, for clarification of requirements and information presented herein.

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.