



Arkansas State Board of Public Accountancy

101 East Capitol, Suite 450 • Little Rock, AR 72201

phone (501) 682-5532 • fax (501) 682-5538 • www.asbpa.arkansas.gov

Practice Review Survey

PR20 - _____ License# _____

Your PR # is on your 2020 Practice Review Notification.

Print name as it appears on license card.

Please complete and mail the applicable forms with an attached copy of the **most recently issued report** since initial licensure by the Board or since your last survey.

1. ATTEST REPORTS

- No reports issued
- Reports Issued. Attach a copy of the most recent Peer Review Report and Peer Review Acceptance Letter OR proof of enrollment if first Peer Review has not yet been completed.

2. COMPILATION REPORT WITH DISCLOSURES

- No reports issued
- Reports issued, exempt from reporting. Attach a copy of the most recent Peer Review Report and Peer Review Acceptance Letter OR proof of enrollment if first Peer Review has not yet been completed.
- Reports Issued. Attach a copy of the report with accompanying financial statements (no work papers) for review, along with a completed Compilation with Disclosures—Engagement Profile form, and the signed PR Survey. Enclose fee.

Name of accountant with final responsibility for this report: _____

3. COMPILATION REPORT WITHOUT DISCLOSURES

- No reports issued
- Reports issued, exempt from reporting. Attach a copy of the most recent Peer Review Report and Peer Review Acceptance Letter OR proof of enrollment if first Peer Review has not yet been completed.
- Reports Issued. Attach a copy of the report with accompanying financial statements (no work papers) for review, along with a completed Compilation without Disclosures—Engagement Profile form, and the signed PR Survey. Enclose fee.

Name of accountant with final responsibility for this report: _____

Reports completed outside of the review period of July 1, 2017 and June 30, of 2020 do not qualify. Individuals should not return a Peer Review issued to a company unless it is a Sole Proprietorship. See Board Rules 14 and 20.

Yes No Are you a Sole Proprietor?

I have enclosed fees for the enclosed reports (Compilations only):

- One Report \$100
- Two Reports \$150

Physical Address of surveyed license (no P.O. Boxes)

Daytime Phone Number

Signature

Date

Email Address

* Please do not use this form to update your contact information. To update this information with the Board, please see our website at www.asbpa.arkansas.gov/licensing and follow the link for "Address Changes."

Remember: If reports were issued please return the original, signed survey (this form) and include the report(s) with financial statements, completed engagement profile forms and the fees required **or** peer review and associated documents.

Documentation may be submitted to the following:

Email: april.m.murphy@arkansas.gov

Fax: 501-682-5538

Mail: Arkansas State Board of Public Accountancy

Attn: Practice Review

101 East Capitol Ave, Suite 450

Little Rock, AR 72201
