

## **Public Accounting Firm Creation Form**

(Please print legibly)

Instruc	tions: Please provide the following information	required to create a new public accounting firm.			
	ation will be required. A new form will be email	ions, please check the appropriate box. Additional ed to you for completion based on the information			
	☐ Firm Dissolution	☐ Firm Name Change			
	☐ Firm Merger	☐ Firm Sale			
	☐ Firm Purchase	☐ Change in Employment			
	d processing delays, please return this form to the view@tx.cpa. If you have questions, please call 1	he Texas Society of CPAs - Peer Review Department at L (800) 428-0272, option 2.			
Inform	ation about your firm:				
>	New Firm (Never enrolled in a Peer Review Pro	ogram)			
>	➢ Reinstatement (Previously enrolled in a Peer Review Program) □ YES □ NO				
	Firm /In dividual Name				
> >	Firm/Individual Name: Federal Employee Identification Number (EIN)	- (Do not enter a Social Socurity Number):			
	rederal Employee Identification Number (Em)	- (Do not enter a Social Security Number).			
>	If your firm does not have an EIN, please go to EIN is required for enrollment and is a condition	www.IRS.gov to apply for an EIN online. Providing a valid on of cooperation with the program.			
Addres	s and contact information:				
	City:	State: Zip:			
_	Managing Doubney, DMs DMs DMs				
>	Managing Partner: ☐Mr. ☐Mrs. ☐Ms.	Lact:			
	First: MI: Sthe Managing Partner an AICPA member?	□ VES □ NO			
	If Yes, please provide the Member/Customer N				
	Is the Managing Partner a State Society memb				
		er number:			
	Primary Talanhona Number: (	Email Address:			
	rimary relephone Number. (	Lindii Address			
>	If contact person for peer review matters is different from Managing Partner, provide the following: Contact Person: □Mr. □Mrs. □Ms.				
		Last:			
	Primary Telephone Number: ( ) -				

☐ NO

Is the Contact Person an AICPA member? 

YES

If Yes, please	e provide the Member/Customer N	umber:		
Is the Contac	ct Person a State Society member?	☐ YES ☐ NO		
If yes, please	e provide the State Society member	r number:		
Primary Tele	phone Number: ()	Email Addre	SS:	
Other information:				
To determine	e the due date of your first Peer Re	view, please provide	the following:	
Field Work D	ate of first Reviewable Engagemer	ıt (mm/dd/yyyy):	//	
Number of C	PAs/Accounting Professionals in th	e Firm:		
CONSENT TO SHADE	INICODMATION		lincort name of firm in t	ho snaso
	INFORMATION:ges and agrees for the Texas Societ			
• • •	ig the firm with the Texas State Boa	, , ,		
•	contact person, mailing address, e			-
review.	contact person, maining address, e	man address, phone i	number and due date of the n	151
Authorized Signature	<u>:</u> :		Date:	
J	Managing Partner or Peer Review Contact Per	rson of the Firm		

Please return this form within 30 days to your administering entity by email or regular mail.

Texas Society of CPAs
Peer Review Department
14131 Midway Road -Suite 850
Addison, TX 75001

PeerReview@tx.cpa

## Reference:

**Firm Name**: To ensure that the firm name in correspondence we will send you is accurate, your firm name in our records should agree with your firm's legal name and the firm license(s) issued by your applicable state licensing body(ies).

Firm's Federal EIN: In support of the AICPA's Enhancing Audit Quality initiatives to improve audit quality and to better serve the profession and the public, enrolling and enrolled firms will now be asked to provide an Employer Identification Number (EIN) to allow comparisons of firms in the peer review database (PRISM) with various regulatory databases. This effort will assist in identifying firms that are not enrolled in peer review (but are required to do so) and those that may not have provided accurate information to their peer reviewers. In either case, such firms are potentially putting enrolled firms at a competitive disadvantage by not complying with the rules, and pose significant risks to the profession and the public. Enter the firm's federal EIN most closely associated with the firm's public accounting practice subject to peer review. Do not enter a social security number. If you are a sole practitioner and do not have an EIN please visit IRS.gov to obtain an EIN and enter it in the boxes provided. Providing this information is required for enrollment and is a condition of cooperation with the program.

Partner: Depending on how a CPA firm is legally organized, its partner(s) could have other names, such as shareholder, member or proprietor.

Peer Review Contact: The Peer Review Contact should be carefully selected since the contact may be responsible for tasks other than coordinating the peer review. This is due to a change in how MFC forms are addressed by the firm. MFC forms were previously signed by engagement partner(s) for engagement questionnaire matters, or an individual charged with governance responsibility of the firm as a whole for matters relating to functional areas. New guidance requires that the MFC form be signed by the reviewed firm representative, which is the sole practitioner, managing partner or the peer review contact. That reviewed firm representative would also be responsible for discussing the MFC forms with the appropriate individuals within the firm, including those charged with governance. Thus if the reviewed firm representative is the peer review contact, that contact should be familiar with matters and MFC forms. For instance, for System Reviews, a peer reviewer notes a matter as a result of his or her evaluation of the design of the reviewed firm's system of quality control, and/or tests of compliance with it. For Engagement Reviews, a matter is noted as a result of evaluating whether an engagement submitted for review was performed and/or reported on in conformity with applicable professional standards. A matter is documented on an MFC form.