

**Virgin Islands Board of Public Accountancy**  
**Request for Annual Renewal of CPA Permit - Business**



**Directions:**

*Complete this form in its entirety and submit with the annual permit fee of \$50.00 to the Virgin Islands Department of Licensing and Consumer Affairs. Payment may be made by cash or check payable to the Government of the Virgin Islands. A late fee of \$10.00 per each month the application is submitted after June 30th will be charged. The annual permit fee is not prorated for new or renewal applications submitted after the June 30th date.*

1. Name of Firm \_\_\_\_\_ Tax Identification Number \_\_\_\_\_
  
2. Type of Entity: ( ) sole proprietor ( ) partnership ( ) corporation  
( ) s-corporation ( ) other \_\_\_\_\_(please indicate)
  
3. Firm's website address: \_\_\_\_\_
  
4. Firm's E-mail Address: \_\_\_\_\_
  
5. Firm's Physical Address  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Firm's Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Firm's Telephone(\_\_\_\_\_)\_\_\_\_\_ Fax Telephone (\_\_\_\_\_) \_\_\_\_\_

**6. Name of Owner(s) /Partner (s) in firm, title within firm and personal mailing address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7. Permit/License Number for each owner/partner listed in item 6 and state of issuance:**

_____	_____
_____	_____
_____	_____

**8. Indicate the firms area of practice ( ) Audits ( ) Government ( ) Tax ( ) Non Profit ( ) Other \_\_\_\_\_**

**9. Has the IRS PTIN requirements been met by members of your firm? ( ) yes ( ) no**

**10. Is the firm current in all Virgin Islands and Internal Revenue Service tax filings? ( ) yes ( ) no If no, briefly describe**

**11. Does your firm currently undergo Peer Review? \_\_\_\_\_**

**If yes, indicate the date of the last review and the results**

\_\_\_\_\_

**12. Are you aware of any complaints brought against you or your firm in the past year? ( ) Yes ( ) No If yes, briefly describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. Has there been or are there any pending criminal charges against you or your firm?**  
 Yes  No If yes, briefly describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Are you aware of any investigations or indictments against you or your firm?**  
 Yes  No If yes, briefly describe:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ as the representative of  
\_\_\_\_\_ CPA firm certify that under penalty of perjury that  
the foregoing is true and correct.

*Signature of CPA Partner* \_\_\_\_\_

*Date* \_\_\_\_\_

***DLCA / STATE BOARD USE ONLY***

**Received by:** \_\_\_\_\_

**Payment:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_