

2015 Connecticut CPA License Renewal Form

Renewals must be submitted no later than December 31, 2014 for your license to be current and renewed for 2015. (2014 License expires 12/31/2014) **** This form cannot be used after December 31, 2014 you must submit form SBA-5 which can be downloaded from our website www.sots.ct.gov under general information/ forms.

For Board use only!

Check No. _____

Trans. Date _____

Amount Received _____

CC# _____

First	Middle	Last
Address (if using work address please supply firm name)		
City	State	Zip Code

License Number _____

Social Security # _____
Last four digits

Date of Birth ____/____/____
MM DD YYYY

(CHECK ONLY ONE)

Renew my CPA License for 2015.

I choose not to renew my CPA license because I want to become inactive / or I am relocating and will no longer provide public accounting Services to Connecticut clients.

Note: you must notify the board by e-mail at sboa@ct.gov or by letter addressed to State Board of Accountancy, 30 Trinity Street, Hartford, CT 06106 stating reason for becoming inactive.

I choose not to renew my CPA License, I wish to reinstate my Certificate of registration.

Note: if you wish to reinstate your CPA Certificate registration you must submit form SBA-2 which can be downloaded from our website Under general information / forms.

PROVIDE THE OTHER JURISDICTIONS IN WHICH YOU HAVE APPLIED FOR OR HOLD A CPA CERTIFICATE OR CPA LICENSE, CHECK ALL THAT APPLY.

Alabama Alaska Arizona Arkansas California Colorado Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Guam Puerto Rico US Virgin Is. Washington DC

Please provide your daytime phone number: (____) _____ - _____ E Mail Address: _____

I hereby certify that the information on this form is correct and the statements made herein are true and complete and that since my last renewal I have not been convicted by any court of a felony. (Any exceptions to this statement must be described in an attached statement to the Board.)

Renewal Applicant's Signature _____

Date _____

****Mail Completed Application with payment made payable to the Treasurer State of Connecticut. For credit card payment, please download a Credit Card Payment Sheet at www.sots.ct.gov. Complete and submit with this form to the address below.**

Mail Completed Applications with payment to: Connecticut State Board of Accountancy

Payment Center
PO Box 150477
30Trinity Street
Hartford CT 06115-0477

Date Entered _____

For inquiries or questions: email our office at sboa@ct.gov

Name _____

CONTINUING PROFESSIONAL EDUCATION REPORTING

License Number _____

A minimum of **40 hours** of continuing education is required each year for all holders of an individual Connecticut CPA license , unless specifically exempted. CPA's are required to report to the board by December 31, 2014 their continuing education credits. Credits need to be earned between the dates of (7-1-2013 through 6-30-2014. Please type or print all requested information, attach additional sheet(s) if necessary.

(Please complete this form in its entirety)

Connecticut Licensed CPA's must take and report 4 hours of CPE Ethics every three years.

*****If you are not claiming Ethic's credit this year , please submit last completion date _____**

If you perform financial statement preparation , 8 hours of attestation credits must be included in the 40 hours

If you are specifically exempted from reporting CPE – check the appropriate block.

I am exempt from the 2014 CPE Requirement because my Connecticut CPA License was initially issued between 7-1-2013 through 12-31-2014.

I am exempt from the 2014 CPE Requirement because my Connecticut CPA License was reinstated between 1-1-2014 through 12-31-2014.

Please use the following codes to complete the program type column **S** = Self Study Course (no limit) **A** = Author credit claimed (maximum of 10 hrs per year)

E = Ethics course credit is being claimed **I** = instructor claimed (maximum of 20 per year) **P** –participant (no limit) **ATT**- Attestation

Program Sponsor	Program Location	Program Title or Description	Date(s) attended**mm/dd/yy Full dates required-various is not a date	Program type	CPE Hours (round off amounts only)
Subtotal					
No more than 40					
Previous year carryover (Maximum of 20 hours)					
Total amount of CPE Maximum 60					

For inquiries or questions: email our office at sboa@ct.gov

