

**TAX PREPARER
RENEWAL APPLICATION AND
TAX BUSINESS REGISTRATION**

Questions?
 (503)378-4034

OREGON BOARD OF TAX PRACTITIONERS

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

PLEASE RETIRE MY LICENSE # _____

PLEASE CLOSE MY BUSINESS # B- _____

1

PTIN# _____

OBTP # _____

CHECK HERE IF **MAILING ADDRESS** HAS CHANGED

"LEGAL NAME" Last:		First:	Middle Initial:
Mailing Address:			
City:	State:	Zip Code:	County:
Cell Phone:	Home Phone:	Business Phone:	
Fax:	* E-mail:		

*Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

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CHECK HERE IF **ADDRESS** HAS CHANGED PHYSICAL BUSINESS OTHER _____

Address:			
City:	State:	Zip Code:	County:

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EMPLOYMENT/ BUSINESS

I am currently not employed

Business # B- _____

Check if change from last year

This is where I am employed

I am the Main Owner of this tax business

Business Name:			
Physical Address:			
City:	State:	Zip Code:	County:
Designated Consultant (DC):		DC License Number:	
Business Fax:		Business E-mail:	

Any changes to this information need to be reported to the Board within 15 business days per OAR 800-010-0041.

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COMPLIANCE

~MUST ANSWER - RENEWAL WILL BE REJECTED IF LEFT BLANK~

If yes, attach an explanation and provide date(s), location, and summary.

Since your last renewal date...

Has a license in any other occupation or professional capacity issued in your name by any governmental entity ever been refused, suspended, revoked, or restricted *OR* have you ever voluntarily relinquished a license? Yes No

Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action against you? Have you been convicted of, *OR* are you now under indictment for any criminal offense(s) of which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)? Yes No

Have you ever been required to appear before or been sanctioned by any professional body or governmental entity for alleged misconduct? Yes No

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CONTINUING EDUCATION ~ AFFIDAVIT

TOTAL HOURS: Write your total number of CE hours completed

I hereby certify that I have acquired _____ hours (minimum 30*) of continuing education

**including the two (2) hours of ethics required as a condition of license renewal / or reactivation and that proof of attainment is available for audit or investigation by the Board per OAR 800-015-0010*

This is my initial year of licensure; no CE hours are due.

I am renewing inactive, I have listed my CE hours* completed above.

**Inactive license is not required to submit CE hours Refer to OAR 800-020-0030(5), OAR 800-020-0035*

LICENSING FEES

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LTP License Only – ACTIVE Refer to OAR 800-020-0030(2) (\$80) \$ _____

LTP License Only – INACTIVE Refer to OAR 800-020-0030(5) (\$35) \$ _____

Combination LTP License / Business Registration (\$155) \$ _____

Business Fee only (\$110) \$ _____

License fees + Business fees = **TOTAL FEES**

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NOTE: Preparer licenses expire on September 30.

- License renewals **postmarked after October 15 are placed in lapsed status.**
- OAR 800-020-0035 states " A license in lapsed status shall not be placed in inactive status."
- To reactivate a license from lapsed status, you must submit a preparer reactivation application.

Preparer owned business registrations not renewed by October 15 will be closed.

After October 15 to continue to operate a business, you must fill out a new Business Registration Application and pay the appropriate fee.

No combination license/business registration will be issued after October 15.

Business applications are available on the Board Web site at: <http://www.oregon.gov/OBTP/Forms>

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SIGNATURE

Under penalties of perjury, I declare that I have examined this renewal application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature

Date

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CHECK OR MONEY ORDER

Make Payable to:

**Board of Tax Practitioners
3218 Pringle Rd SE, Ste 120
Salem OR 97302**

CREDIT CARD PAYMENT

3218 Pringle Rd SE, Ste 120, Salem, OR 97302

or **FAX (503) 585-5797**

Exp: ____/____

Number _____ - _____ - _____ - _____

Billing Address _____

Billing Zip Code _____

