

2008 TAX PREPARER REACTIVATION APPLICATION

OREGON STATE BOARD OF TAX PRACTITIONERS
Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

1 CHECK HERE IF MAILING ADDRESS HAS CHANGED **LICENSE #:** _____

PLEASE PRINT OR TYPE

"LEGAL NAME" Last _____ First _____ Middle _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Residence Phone No.: _____ Business Phone No.: _____

Fax: _____ *E-Mail: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

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

2 **CONTINUING EDUCATION --- SELF ATTESTATION:**
I hereby certify that I have acquired _____ continuing education credit hours required as a condition of license renewal/reactivation and that adequate proof of attainment is available for audit or investigation by the Board. Hours reported must be earned on or after September 1 of the previous year. (That were not used for another renewal)

Please note: You do not need to self-attest receipt of or complete a continuing education (CE) report of CE credit hours if this is your *initial* year of licensure.

This is my initial year of licensure

CONTINUING EDUCATION REPORT

List CE Programs in chronological order - Please Print or Type

Must submit with your renewal/reactivation application- if more space is needed please attach a separate piece of paper.

Date(s) Attended	Type Code (See legend)	Hours Claimed	Title of Program	Sponsor Name

Type Code	CE Type Table - Description OAR 800-015-0020(2)	Type Code	CE Type Table - Description OAR 800-015-0020(2)
T	Taxation	ETI	Estate, tax OR investment planning
E	Practitioner ethics	C	Computer technology
AP	Accounting and payroll theory	O	Other – must demonstrate a direct relationship to income tax preparation

3 **EMPLOYMENT:** Please list your current/last employer if employed by a business other than your own.

Business Name _____ Designated Consultant/Supervisor _____ Designated Consultant Lic # _____

4 **COMPLIANCE:** Have you ever been convicted of, OR are you now under indictment for any criminal offense(s) which an essential element is dishonesty, fraud or deception, per ORS 673.700(4)(b)?
Yes No If yes, attach an explanation and provide date(s), location, and nature of offenses(s).

5 **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 _____

6 **FEES:** LTP License Only – Active (\$80 – For each year in lapsed status) \$ _____
 Reactivation Fee (If reactivating a license from lapsed status) (\$35) \$ _____

TOTAL FEES: \$ _____

7 **MAIL PAYMENT & CE HOURS TO:** STATE BOARD OF TAX PRACTITIONERS, UNIT 07, PO BOX 4395, PORTLAND, OR 97208
FAX PAYMENT & CE HOURS TO: (503) 378-3575 (if paying by credit/debit card)
Credit/Debit Card Visa ___ MC ___ DC ___ Number _____ Expires _____