

**TO CLAIM
TAX CONSULTANT EXPERIENCE IN ANOTHER STATE**

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	PLEASE PRINT OR TYPE		
	"LEGAL NAME" Last	First	Middle
	Mailing Address:		
	City:	State:	Zip Code: County:
	Social Security No:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Residence Phone No.:	Business Phone No.:	
	Fax:	E-Mail:	

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

As part of your application, you are required to provide your Social Security Number to the State Board of Tax Practitioners. The authority for this request is ORS 25.785, ORS 305.385, 42 USC 405(c)(C)(I), and 42 USC 666(a)(13). Failure to provide your Social Security Number is grounds to refuse to issue a license to prepare personal income taxes. This record of your Social Security Number will be used solely for the purposes of child support enforcement and tax administration.

2 I hereby petition and submit evidence for the approval from the Tax Board of my prior self-employment in the State of _____, in the capacity of a tax preparer or tax consultant. I base this claim on the following:

3 **NAME AND ADDRESS OF BUSINESS:** _____
 (Attach additional pages for other businesses) _____

4 **DETAILED EXPLANATION OF SERVICES OFFERED:**

5 **DATES OF SELF-EMPLOYMENT DESCRIBED ABOVE:**
 FROM: _____ TO: _____
 Percent of time devoted to advising, assisting or preparing personal income tax returns: _____ %

6 **PROOF:**
 Submit evidence with this form documenting self-employment and dates thereof.
 California Registrants: You must submit proof of your California Tax Education Council (CTEC) registration.
Examples: Advertising, certification of assumed business name, corporation, partnership, federal or state I.D. number, Schedule C, business bank account, etc.

7 **SIGNATURE:**
 Under penalties of perjury, I declare that to the best of my knowledge and belief, the above statements and accompanying documentation of my self-employment are true, correct and complete.

Signature of Licensee: _____ **Date:** _____