



Enrollment Form for the SC Association of CPAs Peer Review Program

We're counting on you.

South Carolina Association of CPAs
570 Chris Drive
West Columbia, SC 29169

Telephone: 803-791-4181
Toll Free in SC: 888-557-4814
Fax: 803-791-4196

Information about your firm:

Please type or print the following information.

1. Firm Name: _____

2. Contact: _____

3. Address: _____

4. Telephone: (____) _____ Ext: _____ Fax: (____) _____

5. Email Address: _____

6. Fiscal Year-end: _____

7. Number of Owners: _____

8. Number of Professionals (professionals are all personnel who perform professional services for which the firm is responsible, whether or not they are CPAs): _____

9. Total number of engagements performed under the Statements on Auditing Standards (SASs), examinations of prospective financial statements under the Statements on Auditing Standards for Attestation Engagements (SSAEs), and Government Auditing Standards.

None 1 to 5 6 to 9 10 or more

10. Does the Firm Perform:

Reviews?	Yes	No
Compilations with disclosure?	Yes	No
Compilations without disclosure?	Yes	No
Compilations of financial statements where "Selected Information – Substantially all Disclosures Required are Not Included?"	Yes	No
Engagements performed under the SSAEs, excluding those included # 9 above?	Yes	No

11. Federal ID Number: _____

12. State Board's Review Deadline (if applicable): _____

13. Managing Owner: Mr. / Ms. (please circle): _____

14. Signature of Managing Owner:

_____ Date: _____