NON-AICPA MEMBER
PEER REVIEW PROGRAM
ENROLLMENT FORM

TYPE NAME AND ADDRESS OF THE MAIN OFFICE OF THE FIRM (INCLUDING SOLE PRACTITIONERS)

_____ **MSCPA Member #** _____

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INFORMATION NEEDED TO ENROLL IN THE PEER REVIEW PROGRAM:

1. Name of Managing Owner **(please print)**: Mr. ___ Ms. _____

   First Name | M. I. | Last Name

2. Telephone Number:

   Ext.

3. Fax Number:

4. E-mail address:

5. Month of Firm's Fiscal Year End:

6. Number of owners:

7. Number of professionals including owners:

   ☐ One ☐ 2 to 5 ☐ 6 to 10 ☐ 11 to 19 ☐ 20 to 49 ☐ 50 to 99 ☐ 100 or more

7. Range of audits of historical financial statements, agreed-upon procedures engagements under SAS No. 75. or examinations of prospective financial statements expected to be performed next year:

   ☐ None ☐ 1 to 5 ☐ 6 to 9 ☐ 10 or more

8. Does the firm perform **(circle yes or no)**:

   - Reviews? Yes No
   - Compilations with disclosures? Yes No
   - Compilations without disclosures? Yes No
   - Financial forecasts and projection excluding examinations referred to in question 7 above? Yes No
   - Audits of SEC registrants? Yes No

9. Federal I.D. # or S.S. Social Security _____

Signature of Managing Owner: _____ Date: _____