

**\*\*ATTENTION\*\*ATTENTION\*\*ATTENTION\*\***

**FIRMS WHOSE PRACTICE IS LIMITED TO PERFORMING  
COMPILATIONS WITH DISCLOSURES AND COMPILATIONS THAT OMIT  
ALL DISCLOSURES**

If you are a firm that performs compilations with disclosures and compilations that omit all disclosures, then you qualify for the PEER REVIEW DAY. This day is an option to help the smaller firms save money on their peer reviews. This option is one-day where a selected number of qualified reviewers come into the MSCPA office to perform peer reviews.

As the reviewed firm, you will not choose the reviewer; you must be available by phone and/or fax on that day. All required information will be requested prior to the PEER REVIEW DAY and must be submitted on a timely basis, as well as, all fees must be paid in full.

The fees are as follows:

**Reviewer Fee:** = \$600.00 Flat Fee (any review going over 3hrs will be billed an extra \$200/hr. for the additional time.)

<b><u>Annual Fee</u></b>	<b><u>MSCPA Member</u></b>	<b><u>Non-Member</u></b>
Sole Practitioner	\$100.00	\$450.00
2-10 Professionals	\$275.00	\$625.00
Over 10 Professionals	\$525.00	\$875.00

<b><u>Administration Fee</u></b>	<b><u>MSCPA/Non-Member</u></b>
Sole Practitioner	\$275.00
2 plus Professional	\$325.00

Signing up for this day: If you want to participate in this option - you MUST sign the attached "sign-up sheet". Signing the attached form and returning it with your completed "Information for Scheduling Reviews" form is committing you to that PEER REVIEW DAY.

**IT IS VERY IMPORTANT FOR THOSE OF YOU WHO ARE SELECTING THIS PEER REVIEW DAY OPTION TO RETURN THE REQUESTED SCHEDULING INFORMATION BEFORE: May 25, 2012.**

If you have any questions or concerns, please feel free to contact Aury Sanchez at (800) 392-6145, ext.302. Thank you for your cooperation with this scheduling process.

**PEER REVIEW DAY**  
**Sign Up Sheet**  
**June 21, 2012**

Yes, I am eligible and will participate in the *June 21, 2012* PEER REVIEW DAY, as my review due date is between May 1, 2012 – September 30, 2012.

I agree to submit all necessary information requested throughout the scheduling process by the deadlines given and I will be available by phone and fax on the PEER REVIEW DAY. ***(IF YOU ARE NOT AVAILABLE THE REVIEW WON'T BE DONE AND YOU'LL HAVE TO MAKE YOUR OWN ARRANGEMENTS FOR THE REVIEW.)***

I agree to pay my annual fee, as well as, the administration fee prior to the commencement of this peer review.

I understand if the required information is not received by the administering entity on time or if my fees are not paid in full, I will not be eligible to participate in the PEER REVIEW DAY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Return this form and the questionnaire completed to:

**Honey Rossi**  
**MSCPA**  
**105 Chauncy St.**  
**Boston, MA 02111 or**  
**E-mail [hrossi@mscpaonline.org](mailto:hrossi@mscpaonline.org) or**  
**Fax to 617.303.2434**