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Firm Structure Change Form

The purpose of this form is to assist firms required to be enrolled in a practice monitoring program. Use this form to notify us of firm or employment changes that may impact your peer review and/or the firm's enrollment in peer review. For assistance with this form, please contact your appropriate Peer Review Alliance State Scheduling Manager as indicated on page 12 of this form. You may also contact the AICPA Peer Review Hotline at 919-402-4502 and press Option 1.

Change Form Instructions

- Complete the pages most appropriate for your firm's situation. **Please read the *Description of Changes* FIRST to ensure you complete the section that is the most appropriate.** Each section contains an area for comments to include additional information pertinent to your situation, if necessary.

- The Peer Review Program only applies to the accounting and auditing (A&A) portion of a firm's practice and excludes tax or management consulting services. Refer to paragraph .06 of the Peer Review Standards for a complete listing of the A&A engagements that are in the scope of the Peer Review Program. Also, engagements subject to permanent inspection by the PCAOB as described in Interpretation 6-9 of the Peer Review Standards Interpretations are excluded from the scope of the Peer Review Program. **Therefore unless otherwise stated, use of the term "A&A" throughout this form ONLY applies to those engagements in the scope of the peer review program as described above.**

- If you need assistance in completing this form, contact the Peer Review Alliance. **Email the completed pages of this form to the appropriate Peer Review Alliance state Scheduling Manager as indicated on page 12 of this form.**

- If your change results in the creation of a new public accounting firm, please complete the **US Public Accounting Firm Record Creation Form**, **and submit it along with this form to your Administering Entity (AE).**

NOTE: All change forms must go through the administering entity for verification purposes. Once the Peer Review Alliance determines the form has all required information, it will be forwarded to the AICPA. AICPA staff determines the impact to the firm's (firms') peer review(s) on a case by case basis.

Description of Firm Changes

Click on the Name of the Section to Jump to It on the Form

Change in Employment **Page 3**

If you are moving between public accounting firms, retiring or changing your industry, complete this section. Note: If you are leaving or joining a public accounting firm, and A&A hours of either firm are impacted by this change, this is considered a Firm Dissolution or Firm Merger for the purpose of peer review. Please complete the Firm Dissolution/Change in Ownership or Firm Merger section instead of this section. If you are leaving or joining a public accounting firm and the A&A practice of either firm is NOT impacted, please complete this section.

Firm Name Change **Page 5**

If your firm is undergoing a firm name change due to one of the following, complete this section:

- A partner is leaving the firm and the departure is not impacting the A&A hours of this firm.
- A partner is joining the firm and the addition is not impacting the A&A hours of the firm.
- A staff member has been promoted to partner impacting the firm name.
- A firm name is changed for commercial purposes (i.e. PLLC, LLC, PC) or marketing purposes

If the firm name change is for any other reason, please check the descriptions below to determine if they apply to the change.

NOTE: If a partner is leaving the firm and none of the A&A hours remain with the firm, complete either the Firm Purchase or Firm Sale section. This category should NOT be completed if you are an individual changing firms/jobs. The Change in Employment section should be used.

Firm Dissolution or Change in Ownership **Page 6**

For peer review purposes, a dissolution of the A&A practice occurs when a partner(s) leaves a firm and a portion of the hours do not remain with the firm. When this occurs, the AICPA will determine whether there is a successor firm and whether any new firms are formed. This decision is made by evaluating the status of the A&A engagements performed in the 12-month period prior to the effective date of the dissolution. The 12-month period should only include engagements with periods ended during the 12 months prior to the dissolution where the reports on those engagements have been issued. The status of the partners, and possibly staff, in addition to other relevant information is also factored into the decision. **Note:** Change in ownership for peer review purposes is any change in the firm's ownership that affects the A&A hours in the firm.

The Peer Review Alliance and the AICPA will **not** be responsible for determining if the information submitted is accurate. If conflicting information between parties is submitted, all affected firms will be considered new firms for peer review purposes and none of the firms will be given successor firm status which would include peer review history.

Firm Merger **Page 8**

If your firm is combining with another firm, complete this section. This includes situations where a partner has left one firm or a firm was dissolved, and that partner is joining another firm and bringing A&A engagements with him/her.

Firm Purchase **Page 10**

If your firm is purchasing another firm, complete this section.

Firm Sale **Page 12**

If you are selling your practice, complete this section.

Please review the information below regarding firm mergers, purchases and sales.

IMPORTANT INFORMATION RELATED TO A FIRM MERGER, PURCHASE OR SALE:

For peer review purposes, a Firm Merger is when two or more firms begin to practice as one firm. This may also include one firm acquiring another firm, including owners and engagements. The resulting firm's status and due date for peer review will be determined by the AICPA, on a case by case basis, based on the information provided.

For peer review purposes, a Firm Purchase/Sale is when a firm purchases the A&A practice from another firm (or firms). This ordinarily means a partner has sold his or her A&A practice to another firm and retired, or becomes an employee (non-owner). The nature of each firm's practice will determine whether the purchasing firm is deemed a successor firm or a new firm and the peer review due date.

In completing this form, each original firm should calculate the A&A hours that are being brought to the "combined" firm. The percentage of the A&A hours should be calculated based on the A&A hours for the engagements performed with reports issued by the original firms in the 12-month period prior to the effective date of the merger. The 12-month period should only include engagements with fiscal year ends during the 12 months prior to the dissolution of the original firms where the reports on those engagements have been issued. There should be agreement as to the number and percentage of hours that each firm is contributing to the "combined" firm. The firm's status and due date for peer review will be determined by the AICPA based on this information on a case by case basis.

Change in Employment

This section of the form should be completed if you are moving between public accounting firms, retiring or changing your industry.

If you are leaving or joining a public accounting firm and the A&A practice of either firm is NOT impacted, please complete this section. Also individuals that are no longer partners due to retirement or a change of industry (i.e. public accounting to private accounting), should complete this section. If you are leaving or joining a public accounting firm and A&A hours are impacted, this section should ONLY be completed in conjunction with other applicable sections that address the change (firm merger, dissolution, sale or purchase.)

If you primarily serve in an Education or Business Industry capacity and also perform public accounting related services which require practice monitoring, for the purposes of peer review, you will need to reflect your business category as Public Accounting.

Member/Customer Name: _____ Member/Customer #: _____

Change of Industry & Retirement Section

Tell us which category you will be working in and provide your title:

Business Category	**Title**
☐ Public Accounting	_____
☐ Business/Industry	_____
☐ Education	_____
☐ Government	_____
☐ Law Firm	_____
☐ Temporarily Left the Workforce	
☐ Retired	If you have retired, please tell us the date of your retirement: _____ If you have retired, please provide a home or alternate address for AICPA membership purposes: _____ _____

Will you continue to perform any A&A work after your date of retirement? Yes ☐ No ☐

If no, please sign the form and provide us with your contact information on the following page. If yes, you will likely remain subject to peer review and you should provide the name & address of the organization in the space below where you will continue to perform A&A work following retirement:

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Leaving/Joining a Public Accounting Firm Section
(and the A&A practice is not impacted)

I Left Firm/Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

I Joined Firm/Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Change in Employment (continued)

Comments regarding the change in employment:

Signature: _____ Today's Date: _____

Email Address: _____ Phone Number: _____

Firm Name Change

Note: If a partner is joining or leaving a firm, please refer to the instructions on the bottom of page 1.

AICPA Member Name : _____

AICPA Member #: _____

Original Firm Name: _____

Original Firm Number: _____

New Firm Name: _____

Reason for Name Change: _____

_____

Comments:

Signature: _____ Today's Date: _____

Title: _____ Phone Number: _____

Email Address: _____

Firm Dissolution or Change in Ownership

For peer review purposes, a dissolution of the A&A practice occurs when a partner(s) leaves a firm and a portion of the A&A hours do not remain with the firm. When this occurs, the AICPA will determine whether there is a successor firm and whether any new firms are formed. The decision is made by evaluating the percentage of A&A hours calculated on engagements with periods ended during the 12 months prior to the dissolution, The status of the partners, and possibly staff, in addition to other relevant information is also factored into the decision. This also applies in the event of Change in Ownership.

In order to make the appropriate changes, you **MUST** provide all the information needed ***including contact information for all parties*****.** It is preferable for all involved partners to discuss A&A percentages and be in agreement PRIOR to submitting this form. The consolidated total **MUST equal 100**% in order to properly complete this section. The administering entities and the AICPA will not be responsible for determining if the information submitted is accurate. If conflicting information is submitted, all affected firms will be considered new firms for peer review purposes, and none of the firms will be given successor firm status which would include peer review history.

Effective Date of Dissolution or Change in Ownership: _____ AICPA Firm Number: _____

Original Firm Name: _____

List the names and addresses of any resulting firm(s) below. Please attach a list that identifies each AICPA member of the dissolving firm in order to preserve their AICPA membership. For each AICPA member, the list should include: first and last name; AICPA Member number; the name of the firm they will be employed by after the dissolution (or if they are retiring or moving to business/industry) and their position at the resulting firm, if applicable.

Any AICPA members who will not be working for the resulting firm MUST contact Global Engagement Center at (888) 777-7077 immediately to preserve their AICPA membership status. The Peer Review Alliance is not responsible for managing AICPA membership issues.

Resulting Firm Name (1): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Managing Partner Name(s): _____

Peer Review Contact Person: _____

Quality Control Partner(s): _____

A&A hours/percentage for this firm: ☐

Resulting Firm Name (2): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Managing Partner Name(s): _____

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Firm Dissolution or Change in Ownership (continued)

Peer Review Contact Person: _____

Quality Control Partner(s): _____

A&A hours/percentage for this firm: ☐

Resulting Firm Name (3): _____
(*if applicable*)

Firm Address: _____

Phone Number: _____ Email Address: _____

Managing Partner Name(s): _____

Peer Review Contact Person: _____

Quality Control Partner(s): _____

A&A hours/percentage for this firm: ☐

FIRMS' A&A PERCENTAGES

Grand Total must equal 100%

Firm 1 A&A percentage: ☐

Firm 2 A&A percentage: ☐

Firm 3 A&A percentage: ☐
(if applicable)

Grand Total: ***100%***

Comments:

Completed by: _____ Phone Number: _____

Signature(s) of partner(s): _____

_____

Today's Date: _____ Email Address: _____

Firm Merger

For each firm, indicate the percentage of A&A hours brought into the resulting firm. Based on the effective date of the merger, the percentage of A&A hours should be calculated on engagements with periods ended during the 12 months prior to the merger, where the reports on those engagements have been issued. The consolidated percentage from all firms MUST TOTAL 100% in order to complete this section. There should be an agreement as to the number and percentage of those hours that each firm is contributing. The firm's status and due date for peer review will be determined by the AICPA on a case by case basis.

Please review the IMPORTANT INFORMATION RELATED TO FIRM MERGERS on page 2 before proceeding.

Effective Date of Merger: _____

Resulting Firm Name: _____

_____

Please attach a list that details each AICPA member who will be practicing at the resulting firm. The listing must include information for each AICPA member: first & last name; AICPA Member number; the name of the firm they were employed by before the merger and their position at the resulting firm (staff, partner, sole practitioner).

Any AICPA members who will not be working for the resulting firm MUST contact Global Engagement Center at (888) 777-7077 immediately to preserve their AICPA membership status. The Peer Review Alliance is not responsible for managing AICPA membership issues.

Is the original firm still in existence? Yes ☐ No ☐

If yes, is the firm still performing any attest services? Yes ☐ No ☐

If yes, what type of attest services? _____

_____

The area below allows you to list the names and addresses of the merging firm(s). For each firm, indicate the percentage of A&A hours that each firm is contributing to the resulting firm. The consolidated percentage from all firms MUST total 100% in order to complete this section.

Original Firm Name (1): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

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Firm Merger (continued)

Original Firm Name (2): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

Original Firm Name (3) (if applicable): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

FIRMS' A&A PERCENTAGES

Grand Total combined merged firms must equal 100%

Firm 1 A&A percentage: ☐

Firm 2 A&A percentage: ☐

Firm 3 A&A percentage: ☐

Grand Total*: *100%

Comments:

Signature of Partner: _____ Date: _____

Title: _____ Phone Number: _____

Email Address: _____

Firm Purchase

If you purchased a firm or a firm's A&A hours, please complete this section. If you purchased more than one firm, include additional information in the comments section. PLEASE review the IMPORTANT INFORMATION related to firm purchases on page 2 before proceeding. Complete pertinent sections only.

Effective date of purchase: _____

List the names and addresses of the firm(s) involved. Indicate the number of A&A hours brought into the resulting firm. The consolidated percentage from all firms (based on A&A hours) should total 100% in order to complete this section.

Name of Purchased Firm: _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

Purchasing Firm Name: _____

Resulting Firm Name (if different): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

Name of Second Firm (if applicable): _____

Firm Address: _____

Phone Number: _____ Email Address: _____

Firm Number: _____

A&A hours/percentage for this firm: ☐

FIRMS' A&A PERCENTAGES

Grand Total should equal 100%

Purchased firm name A&A percentage: ☐

Purchasing firm name A&A percentage: ☐

Second firm (if applicable) A&A percentage: ☐

Grand Total: ***100%***

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Firm Purchase (continued)

You should attach a list that details each AICPA member who will be practicing at the resulting firm. The listing needs to include information such as: first & last name; AICPA Member number; the name of the firm they were employed by before purchase and their position at the resulting firm (staff, partner, sole practitioner).

Any AICPA members impacted by these transactions should contact AICPA Global Engagement Center at (888) 777-7077 immediately to preserve their AICPA membership status. The Peer Review Alliance is not responsible for managing AICPA membership issues.

Is the purchased firm still in existence? Yes ☐ No ☐

If yes, is the firm performing any attest services? Yes ☐ No ☐ Unknown ☐

If yes, what type of attest services? _____

_____

Comments:

Signature of Partner: _____

Title: _____ Today's Date: _____

Phone Number: _____ Email Address: _____

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Firm Sale

If you are reporting the sale of your firm or your firm's A&A hours, you should complete this section. In order to make the appropriate changes, you must provide all the information needed including addresses of all parties. PLEASE review the IMPORTANT INFORMATION related to firm sale on page 2 before proceeding with this section.

Effective Date of Sale: _____

Name of Firm Sold: _____

Name of Purchasing Firm: _____

Resulting Firm Name (if different): _____

Did you work for the firm before the sale?_____

In what capacity? Staff _____ Sole Practitioner _____ Partner _____ Shareholder _____

Other (Please List) _____

Is your firm still in existence? Yes ☐ No ☐ If yes, are you performing any attest services? Yes ☐ No ☐

If yes, what type of attest services are you performing? _____

_____

Any AICPA members impacted by this transaction should contact AICPA Global Engagement Center at (888) 777-7077 immediately to preserve their AICPA membership status. The Peer Review Alliance is not responsible for managing AICPA membership issues.

Comments:

Signature of Partner: _____

Title: _____ Today's Date:_____

Phone Number: _____ Email Address: _____

Please submit this completed form by email to your appropriate Peer Review Alliance State Scheduling Manager.

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Clear