

FIRM CHANGE FORM

Firm Name _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____ - _____ - _____

The following changes are being made. Check all that apply. This form must be signed by the managing partner.

FIRM CLOSING: As the firm CPA manager, this is to notify the Board the firm is being dissolved and all partners/shareholders are withdrawn. (check box)

ADMISSION OF CPA OWNERS

NAME	KY LICENSE NO.	OFFICE LOCATION

WITHDRAWAL OF CPA OWNERS

NAME	KY LICENSE NO.	OFFICE LOCATION

ADMISSION OF NON-CPA OWNERS

NAME	OFFICE LOCATION

