Kentucky State Board of Accountancy

312 Whittington Parkway #200 • Louisville KY 40222 502-595-3037 • http://cpa.ky.gov • Email cpa@ky.gov

FIRM CHANGE FORM Firm Name _____ 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As the firm CPA manager, this is to notify the Board the firm is being dissolved and all partners/shareholders are withdrawn.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** KY LICENSE NO. NAME OFFICE LOCATION **WITHDRAWAL OF CPA OWNERS KY LICENSE NO.** NAME OFFICE LOCATION **ADMISSION OF NON-CPA OWNERS**

OFFICE LOCATION

NAME

WITHDRAWAL OF NON-CPA OWNERS

NAME			OFFICE LOCATION			
NEW FIRM MANAGER -	- Name (p	orint)				
REGISTRATION	OR C	CLOSING	OI	A BRANCH	I OFFICE	(Check appropriate box)
Address						
City	S	State	Zip (Code		Phone
Resident CPA Manager (
	,					
I certify this information is	true and	correct.				
		, (CPA			
Signature of Firm Manager				Date		
FOR BOARD USE ONLY	,					
BOARD MEETING DATE						
BOARD APPROVAL						
	(Bo	oard President)				

Rev. 2024