

## Illinois Department of Financial and Professional Regulation

## **Division of Professional Regulation**

## 2024 Licensed Certified Public Accountant Renewal

## THE INTENDED USE OF THIS FORM IS TO SUBMIT MULTIPLE RENEWAL APPLICATIONS AS A BATCH

- To use this batch method, a completed application for <u>each</u> license must be submitted.
- A maximum of 50 applications can be submitted as part of a batch.

PLEASE PRINT					
License #: <b>065</b> Date of Birth:					
First Name: Last Name:					
First NameLast Name.					
Licensee Email:					
1.	In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number or ITIN, if applicable, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.				
	Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")	Yes	No		
2.	In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."				
	Are you delinquent in the filing of state taxes?	Yes	No		
3.	In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."				
	Are you delinquent in complying with workers' compensation obligations?	Yes	No		
4.	as applicable (Section 1420.70 of the Rules) in the 3 years immediately preceding the date of this Illinois Licensed Co	omplied with the Continuing Education requirement of 120 hours, including 4 hours of professional ethics and 1 hour sexual harassment, (Section 1420.70 of the Rules) in the 3 years immediately preceding the date of this Illinois Licensed Certified Public Accountant lication. OR I reside in and am licensed as a CPA in another state and have complied with its CPE requirements. The 120 hours CPE is not applicable to the first renewal following initial CPA licensure in IL.			
		Yes	No		
5.	Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financialexploitation,themandatedreportershall,within24hoursafterdevelopingsuchbelief,reportthissuspicionto the Department of Aging at 1-800-252-8966.				
	Have you read and understood the above statement regarding elder abuse reporting?	Yes	No		

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6. Are you subject to a Peer Review?	Yes	No			
7. If you are subject to a Peer Review, has it been satisfactorily completed?	Yes	No			
8. Would you like to place your license in inactive status?	Yes	No			
Certification Statement  Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.					
Signature of Licensee	Date				
Entity/Employer Name:					
Employer Email:					
Employer Phone: Optional Employer Batch #:					
SEND ALL REQUIRED INFORMATION AND A \$120 PER LICENSE PAYMENT TO:  ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION					
DIVISION OF PROFESSIONAL REGULATION  POST OFFICE BOX 7450					
ATTN: CPA SPRINGFIELD, IL 62791-7450					

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