

New Mexico



Society

New Mexico Society of Certified Public Accountants
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PEER REVIEW PROGRAM ENROLLMENT FORM – NON AICPA MEMBERS ONLY

Type or print name and address of the main office of the firm (including sole practitioners)

INFORMATION NEEDED TO ENROLL IN THE NMSCPA PEER REVIEW PROGRAM:

1. Name of Managing Partner or equivalent (please print): Mr. Ms.
2. First Name _____ M.I. _____ Last Name _____
Telephone ____-____-____ Ext. _____ Fax Number ____-____-____
Are you a member of NMSCPA? Yes No
Managing Partner's Society Membership Number _____
E-Mail address _____
3. Name and address of person to contact at the firm concerning peer review matters
First Name _____ M.I. _____ Last Name _____
Telephone ____-____-____ Ext. _____ Fax Number ____-____-____
Are you a member of NMSCPA? Yes No
Contact Person's Society Membership Number _____
E-mail address _____
4. (a) Number of proprietors, partners, shareholders (owners) and non-CPA owners: _____
(b) Number of CPA owners: _____
5. Range of professionals¹ including owners:
 1 11 to 19 100 or more
 2 to 5 20 to 49

___ 6 to 10 ___ 50 to 99

6. Total number of engagements performed under the Statements on Auditing Standards, examinations of prospective financial statements under the Statements on Auditing Standards for Attestation Engagements (SSAEs), and Government Auditing Standards expected to be performed next year.

_____ None _____ 1 to 5 _____ 6 to 9 _____ 10 or More

7. Does the firm perform: (circle yes or no)

Reviews? ²	YES	NO
Compilations ² with disclosures?	YES	NO
Compilations of financial statements where “Selected Information-Substantially all Disclosures Required are Not Included”?	YES	NO
Compilations without disclosures?	YES	NO
Financial forecasts and projections or other engagements performed under SSAEs ² , excluding the engagements referred to in question 6 above?	YES	NO
Audits of SEC registrants	YES	NO

8. Has the firm entered into an arrangement with a non-CPA owned entity³ with which the firm is closely aligned? _____
If yes, please indicate the name and location of the non-CPA owned entity, and the nature of the arrangement.

9. Month you prefer to have your firm’s peer review due. _____

Signature of managing partner: _____ Date: _____

¹The term “professionals” as used herein refers to all personnel who perform professional services for which the firm is responsible, whether or not they are CPAs (AICPA, Professional Standards, vol. 2, QC sec.20.03, footnote 4).

² The terms “compilation” and “review” as used herein refer to compilation and review engagements performed under SSARS. “Financial forecasts and projections” as used herein refers to compilations or agreed-upon procedures engagements of prospective financial statements performed under SSAEs. Financial Forecasts and Projections (AICPA Professional Standards, vol. 1, AT sec 200). Examinations performed under those standards are included in question 6.

³Certain portions of the CPA firm’s system of quality control may reside at or operate in conjunction with the system of control of a non-CPA owned entity with which the CPA firm is closely aligned through common employment, leasing of employees, equipment, facilities, etc., or other similar arrangements. In this situation, the CPA firm sells all or a portion of its non-attest practice to a non-CPA owned entity. However, the majority of the financial interests in the CPA firm’s attest practice is owned by CPAs.