



Accredited Tax Preparer® Completed Surgent Course Work Application

Please complete all sections of this two-page application and return with the requested documentation and application fee to ACAT, 1010 N. Fairfax Street, Alexandria, VA 22314-1574.

Mr.
 Mrs.
 Ms.

(First Name) (Middle Name) (Last Name)
Address _____

City/State/Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____ Other Designations Held _____

If applicable, National Society of Accountants Membership Number _____

I. Certificates of Completion through Surgent Educational Software.

I am applying for the Accredited Tax Preparer designation. Enclosed are the Certificates of Completion, which show I have successfully attained a score of 70% or higher on the two required courses:

1. Surgent's Individual Income Tax School (SITS)
2. The Complete Guide to Preparing Limited Liability Company, Partnership, and S Corporation Federal Income Tax Returns (PLPS)

II. Work Experience Requirement

I am applying for the Accredited Tax Preparer designation only. My signature in Section IV of this document affirms that I have at least three (3) years of work experience in tax preparation and compliance.

III. **Application Fee:** \$50 for Accredited Tax Preparer. (ATPSURGENT2)
(Fully refunded if your application is not approved)

Payment Options

My Check/Money Order in the amount of \$50 is enclosed

Charge my: Visa; MasterCard; Discover in the amount of \$50

Account #: _____ Exp. Date: _____ Security Code: _____
(on back of credit card)

Declaration

I, the undersigned, am applying for use of the designation Accredited Tax Preparer.

As a condition of being awarded the right to use the designation(s), I declare under penalty of perjury that the information contained in this application is true and correct. I further declare that:

1. I have not been convicted (nor entered a plea of nolo contendere) of any criminal offense under the revenue laws of the United States, or of any offense involving dishonesty, or breach of trust under Federal or state laws. Moreover, I have not been the subject of discipline with regard to my professional conduct by either Federal or state regulatory authorities, nor am I currently the subject of an investigation with regard to my professional conduct. If there is any exception to the foregoing, I have described the facts in detail on a separate attachment to this Declaration.
2. I have read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code as they exist and as they may be amended from time to time.
3. I understand that along with authorization to use the designation(s) I will receive the Guide for Use of the Credentials and agree to adhere to the provisions of the guidelines as they presently exist and as they may be amended from time to time.
4. I understand that to maintain my accredited status I must submit verification of continuing education in taxation every three years. I agree to maintain my Accredited Tax Preparer designation by submitting 72 hours of CPE in federal taxation every three years as required.
5. I agree to be subject to the policies and procedures of ACAT and will follow those federal and/or state regulations that may be applicable.
6. I further understand and agree that ACAT has the absolute and unrestricted right to revoke my right to use the designation(s) if it finds, in accordance with policies and procedures as adopted and amended from time to time, that I have failed to comply with the agreements that I have made in this Declaration.

Signature _____ Date _____

CONTACT INFORMATION
Accreditation Council for Accountancy and Taxation
1010 N, Fairfax Street, Alexandria, VA 22314-1574
Tollfree: (888) 289-7763; Fax: (703) 549-2984