

DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE STATE BOARD OF ACCOUNTANCY
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1141
Telephone: 615-741-2550 - FAX 615-532-8800
www.tn.gov/commerce/boards/tnsba



CPA FIRM CHANGE OF ADDRESS FORM

Rule 0020-3-.16 requires licensees to notify the Board of a change of address or employment within 30 days. A fee of \$25.00 should accompany this change form if 30 days have passed without notification.

FIRM NAME _____ License No. _____

Resident Manager: _____ License No. _____

When did the address change? _____ [Check address(es) to be changed]

Requested Address Change(s): Physical Address _____ Mailing Address _____

NEW PHYSICAL ADDRESS: _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ - _____ E-MAIL _____
FAX: (____) _____ - _____

NEW MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP _____
PHONE (____) _____ - _____ E-MAIL _____
FAX: (____) _____ - _____

Has the ownership make-up of the firm changed? Yes _____ No _____

If yes, please submit completed "Ownership/Employee Form" found on the web at:

<http://tn.gov/commerce/boards/tnsba/documents/Consolidationattachmentsabcd.pdf>

SIGNATURE

DATE