



<p><b>Minnesota &amp; Iowa</b>  <b>Membership Status</b></p> <p><input type="checkbox"/> MN or IOWA Member</p> <p><input type="checkbox"/> MN or IOWA Non-Member</p>
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**The Minnesota Association of Public Accountants**

111 Lake St. N., PO Box 301 • Big Lake, MN 55309  
 P: 612-366-1983 • F: 763-263-8020 | www.mapa-mn.com

**MAPA Peer Review Program**  
**2024 Peer Review Billing Form**

**Please complete the following:**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Name of Reviewer \_\_\_\_\_

**Section 1: Determine the Number of Professionals**

The administrative fee is based upon the number of professionals in the firm. The definition of professionals takes into account all accountants and staff that regularly participate in reporting on financial statements. Those involved only in a clerical capacity are not included.

Note: Effective May 8, 2015 an additional fee of \$100 will be incurred for firms, based on the reviewer's findings, that are requested to submit followup documentation and report back to the Minnesota Association of Public Accountant Peer Review Committee for final approval of their Engagement Review Report or System Review Report. The MAPA Office will include an invoice for this amount when mailing the Committee's letter of additional followup requirements.

**Complete:**

- A. Number of Professionals in the Firm: \_\_\_\_\_
- B. Less base of one included in flat fee: -1 \_\_\_\_\_
- C. Total Professionals: \_\_\_\_\_

**Section 2: Determine Fee**

**Complete the following schedule, which applies to your firm.**

**A. MAPA Members**

Number of Professionals from Line C= \_\_\_\_\_ x \$40 = \_\_\_\_\_

Plus Flat Fee per Firm:

**Engagement Level A** (Formerly Report Review):

Firms that only perform compilation engagements that omit substantially all disclosures. \$550 = \_\_\_\_\_

**Engagement Level B:** Firms that perform reviews and/or compilation engagements with full or selected disclosures, or attestation engagements other than examined prospective financial statements. \$600 = \_\_\_\_\_

**System Review** \$700 = \_\_\_\_\_

**Total Amount Due and Enclosed** \$ \_\_\_\_\_

**B. Non-Members**

Number of Professionals from Line C= \_\_\_\_\_ x \$70 = \_\_\_\_\_

Plus Flat Fee per Firm:

**Engagement Level A** (Formerly Report Review):

Firms that only perform compilation engagements that omit substantially all disclosures.

\$620 = \_\_\_\_\_

**Engagement Level B:** Firms that perform reviews and/or compilation engagements with full or selected disclosures, or attestation engagements other than examined prospective financial statements

\$725 = \_\_\_\_\_

**System Review**

\$825 = \_\_\_\_\_

**Total Amount Due and Enclosed**

\$ \_\_\_\_\_

Please return this completed form along with the Firm Information Questionnaire with your payment to Minnesota Association of Public Accountants no later than June 30 of the year your review will be completed. A late penalty may be assessed if not received by the due date.

**Payment Information:**

Enclosed is \$\_\_\_\_\_ in payment of this fee payable to "MAPA"

Please charge \$\_\_\_\_\_ in payment of this Quality Review.

*If paying by credit card all fields are required.*

Visa  MC  Discover # \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MAIL FORM WITH PAYMENT TO:**

The Minnesota Association of Public Accountants

PO Box 301, Big Lake, MN 55309

P: 612-366-1983 • F: 763-263-8020

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

