



## Peer Review Program 2023 Firm Information Questionnaire

**Complete only one questionnaire per firm and submit to MAPA before commencement of review.**

*Please note: MAPA is recognized by the Minnesota and Iowa Boards of Accountancy as a Report Acceptance Body but may not be accepted by the American Institute of Certified Public Accountants for purposes of meeting the membership requirements.*

Review Year Ending: \_\_\_\_\_ Date submission due to MAPA: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

State Permit number (firm) \_\_\_\_\_

Firm licensed as:  CPA  RAP Total number of partners, proprietors or shareholders \_\_\_\_\_

Please list all partners, proprietors, shareholders and professional staff in the firm (use an additional sheet if necessary):

Name	State Certificate #	Membership #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Please indicate the types of engagements your firm performed during the review year.

- Yes  No Audits
- Yes  No Agreed-upon procedures
- Yes  No Reviews of financial statements
- Yes  No Compilations of financial statements with disclosures
- Yes  No Compilations of financial statements where "Selected Information - substantially all disclosures required are not included"
- Yes  No Compilations of financial statements that omit substantially all disclosures
- Yes  No Preparation of financial statements with disclosures
- Yes  No Preparation of financial statements that omit substantially all disclosures
- Yes  No Examinations of prospective financial statements
- Yes  No Compilations of prospective financial statements
- Yes  No Other attestation engagements

If your firm does not perform any audits or other engagements under either Statements of Auditing Standards or Government Auditing Standards, or examinations of prospective financial statements under the SSAEs during the review year, you are qualified to have an engagement review instead of a system review. If you elect to have a system review even though you are not required to have one, please indicate below.

Yes, I elect to have a system review.

Please check the boxes for the following practice or industry specialization areas in which your firm performed audit, review, compilation or other attestation services during the peer review year:

- Yes  No Audits under Government Auditing Standards including rural housing, etc.
- Yes  No Single Audit Act engagements
- Yes  No Prospective financial statements
- Yes  No Other attestation engagements
- Yes  No Charitable gambling
- Yes  No Employee benefit plans
- Yes  No Financial institutions
- Yes  No Fire Relief Associations
- Yes  No Not-for-profit organizations
- Yes  No Construction contractors
- Yes  No Common interest realty associations
- Yes  No Agricultural cooperatives and associations
- Yes  No Personal financial statements
- Yes  No Hospitals, nursing homes and other health care entities
- Yes  No Other engagements under Yellow Book Standards such as: agreed upon procedures of rural housing
- Yes  No Organizations regulated by HUD

If you have a reviewer identified, please include the information below:

Name of firm and reviewer: \_\_\_\_\_

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

Approximate date review is planned: \_\_\_\_\_

Other members of review team, if any: Does your firm or members of your firm perform any accounting or auditing engagements through a joint venture, part-nership or other arrangement with another accountant or accounting firm?

Yes  No

If yes, briefly describe: \_\_\_\_\_

Is your firm currently enrolled in another quality review program?

Yes  No

Name of sponsoring organization \_\_\_\_\_

Date most recent review was completed \_\_\_\_\_

Please submit a copy of the report, and letters of comments and response, if applicable, if another Report Acceptance Body was used for your previous review.

Are there any special concerns that could affect your review that we should consider?

Yes  No

Please explain:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please retain a copy for your peer reviewer.**

**Please return this completed form and the Peer Review Billing Form with your payment prior to commencing your peer review.**