

CPA FIRM CHANGE OF ADDRESS FORM

Tennessee State Board of Accountancy
500 James Robertson Pkwy
Davy Crockett Tower
Nashville, Tennessee 37243-1141

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 _____ PERMIT # _____

Resident Manager _____

When did your address change? _____
MONTH DAY YEAR

The Board maintains two addresses in your file. **All mail correspondence will be sent to the mailing address you specify below.**

NEW PHYSICAL ADDRESS:
ADDRESS _____ CITY STATE ZIP
PHONE () - _____ E-MAIL _____
FAX () - _____
NEW MAILING ADDRESS: Same as PHYSICAL ADDRESS _____
ADDRESS _____ CITY STATE ZIP
PHONE () - _____ E-MAIL _____
FAX () - _____

Has the ownership of the firm changed? YES _____ NO _____

If yes, please submit a completed "Ownership/Employee Form" found at <https://tn.gov/assets/entities/commerce/attachments/AccountFirmOwnershipEmployeeetc.pdf>

SIGNATURE
Revised 03/11/2014

DATE
RDA