



The Minnesota Association of Public Accountants

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Website: www.mapa-mn.com

Quality Review Program 2010 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) _____

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 #	MAPA 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 "Management-use-only" financial statements without a report
- 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
- 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 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 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, partnership 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 Quality Review Billing Form with your payment prior to commencing your peer review.