



The Minnesota Association of Public Accountants

1000 Westgate Drive, Suite 252 • St. Paul, MN 55114

P: 651-290-6289 • F: 651-290-2266

Website: www.mapa-mn.com

Membership Status:

Member

Non-Member

MAPA Quality Review Program 2010 Quality 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.

Please 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

Please complete the following schedule, which applies to your firm.

A. MAPA Members

Number of Professionals from Line C= _____ x \$25 = _____

Plus Flat Fee per Firm:

Engagement Level A (Formerly Report Review):

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

\$450 = _____

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.

\$500 = _____

System Review

\$600 = _____

Total Amount Due and Enclosed

\$ _____

B. Non-Members

Number of Professionals from Line C= _____ x \$45 = _____

Plus Flat Fee per Firm:

Engagement Level A (Formerly Report Review):

Firms that only perform compilation engagements that omit substantially all disclosures. \$500 = _____

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 \$625 = _____

System Review \$725 = _____

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.

Visa Master Card # _____

3 Digit Security Code _____ Exp. Date _____

Cardholder Name _____

Signature _____

Mail form with payment to:

The Minnesota Association of Public Accountants

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(For office use only)

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