**CITY OF NEW YORK**

**OFFICE OF THE COMPTROLLER**

**ANNUAL AFFIRMATION FORM**

**FOR THE**

**ACCOUNTING FIRM QUESTIONNAIRE**

**FOR THE**

**COMPTROLLER'S LIST OF PREQUALIFIED CPA FIRMS**

**One of the requirements for remaining on the CPA List is to annually affirm the accuracy of the information previously submitted on the Accounting Firm Questionnaire or to submit updated information. The completed, signed annual affirmation form, including any updated information (e.g., peer review report and AICPA acceptance letter), should be submitted by April 30th of each year to:**

**The City of New York Office of the Comptroller**

**Bureau of Accountancy**

**Attn: Technical Policy and Support Unit**

**e-mail: cpalist@comptroller.nyc.gov**

**fax: (212) 815-8635**

**Please be advised that e-mail submissions must be less than 10 mg.**

**CITY OF NEW YORK**

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**ANNUAL AFFIRMATION FORM FOR THE**

**ACCOUNTING FIRM QUESTIONNAIRE FOR THE**

**COMPTROLLER'S LIST OF PREQUALIFIED CPA FIRMS**

**AFFIRMATION IF NO CHANGES TO THE ACCOUNTING FIRM QUESTIONNAIRE**

**\*\*\*NOTE\*\*\***

**In addition to submission of the Annual Affirmation Form for the Accounting Firm Questionnaire, you are responsible for prompt notification to the Comptroller's Office of any changes in the information provided in these documents which could result in a reconsideration of the firm's qualifications to perform City audit engagements. Notification of all changes of address should be made immediately, as well as any significant change (10%) to the number of professionals in the firm. A change in the firm's name requires reapplication. Failure to comply with these requirements may result in revocation of prequalification status in accordance with Section 3-10(l) of the Procurement Policy Board Rules.**

**I,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name and Title**

**Authorized to Represent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Firm**

**certify that the information contained in the Accounting Firm Questionnaire dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the best of my knowledge, information and belief, is accurate and complete and does not require any updating. I also certify that I have read the above "Note".**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Firm Representative Date**

**ANNUAL AFFIRMATION WITH CHANGES TO THE ACCOUNTNG FIRM QUESTIONAIRE**

**The information contained in the Accounting Firm Questionnaire dated needs to be updated as follows. (Please include copies of any required updated information (e.g., peer review report, AICPA acceptance letter, NYS Registration, and use additional sheets if necessary).**

**Question # Updated Information**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name and Title**

**Authorized to Represent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Firm**

**certify that the information contained in the Accounting Firm Questionnaire dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the best of my knowledge, information and belief, is accurate and complete, except for the above noted changes, and does not require any additional updating. I certify that the above noted changes are accurate and complete. I also certify that I have read the above "Note".**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Firm Representative Date**