

REQUEST TO E-MAIL, FAX OR MAIL CPA EXAMINATION FEE RECEIPT(S) (FEE RECEIPT)

08/15

Illinois Board of Examiners

Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563

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Be advised this form is only for fees paid to the Board of Examiners only. Please contact NASBA directly at 866-696-2722 or cbtcpa@nasba.org for receipts regarding fees paid directly to that organization.

(Please type or print legibly)

1. Name in Full _____

First	Middle	Last
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2. Mailing Address _____

Street Number	Apt. Number
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City _____ State/Province/Country _____ Zip/Postal Code _____

3. Email _____ 4. Phone Number _____

5. Fax Number (if applicable) _____ 6. Date of Birth _____

7. U.S. Social Security Number (if applicable) _____

8. Sex: [] Male [] Female 9. Please select preferred salutation: [] Miss [] Ms. [] Mrs. [] Mr.

10. Select desired method of receipt: E-Mail Fax Mail

11. Please select all applicable boxes for receipts requested:

- Credential Evaluation Fee
- Total Transfer of Credit Application Fee
- Reciprocal Application Fee
- Certification-Related Fee(s)
- All Uniform CPA Examination Application Fees Paid

OR

- Individual Uniform CPA Examination Application Fees Paid
 - AUD Date(s) of requested exam sitting(s) (MM/YYYY): _____
 - BEC Date(s) of requested exam sitting(s) (MM/YYYY): _____
 - FAR Date(s) of requested exam sitting(s) (MM/YYYY): _____
 - REG Date(s) of requested exam sitting(s) (MM/YYYY): _____

12. Please send the receipt to the following mailing address if different from above (if applicable):

Street Number	Apt. Number	
City	State/Province/Country	Zip/Postal Code

Name (Printed)

Date

*Submission of form constitutes an electronic signature.