FEE RECEIPT REQUEST

8/21

Illinois Board of Examiners
1120 East Diehl Road, Suite 107
Naperville, IL 60563
PHONE: (815) 753-8900 FAX (815) 753-8953 EMAIL help@ilboe.org

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**

2. **Mailing Address** _____
   Street Number **Apt. Number**

_____
City **State/Province/Country** **Zip/Postal Code**

3. **Email** _____ 4. **Phone Number** _____

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

7. **Last four digits of U.S. Social Security Number XXX-XX-** _____

8. **Select desired method of receipt:** ☐ **E-Mail** ☐ **Fax** ☐ **Mail**

9. **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):** _____

10. **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 (Signed) Date