

Peer Review Questionnaire

Firm Name _____
 Address _____

Other Offices _____
 Telephone _____ Fax _____ Email _____

Review Contact Person _____
 Review Year-End Selected _____ AICPA Member ____ Yes ____ No

Engagement Interest (check appropriate box).

Peer Review Type: System Engagement

Administering Entity: _____

Consulting Review: Internal Inspection:

AICPA Audit Quality Center: Employee Benefit Plan: Governmental

Personnel:

Owners _____

Other Professionals _____

Total Professional Staff _____

Practice:

		Engagements	A&A Hours
Audits	-A-133	_____	_____
	-Yellow Book	_____	_____
	-ERISA (describe types)	_____	_____
	-Other	_____	_____
Reviews		_____	_____
Compilations With Disclosures		_____	_____
Compilations Without Disclosures		_____	_____
Plain Paper Assembly		_____	_____
Other	-Prospective Financial Statements	_____	_____
	-Attestations	_____	_____
	-Agreed Upon Procedures	_____	_____
	-Other (Describe)	_____	_____
Totals		_____	_____

What portions of the above categories have interim engagements?

Industry considerations (10% or more of total A&A hours)?

Most Recent Review

-Include copies of previous report, your response if any, and administering entity acceptance letter.

-Include copy of previous finding for further consideration forms, if any.

Inspection process:

-Will a timely inspection be performed for the current peer review year?

-Include copies of inspection reports completed since your last peer review.

Time frame desired for engagement: From _____ To: _____