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**PEER REVIEW INFORMATION FORM**

We would greatly appreciate the opportunity to submit a proposal for your review.  
 Please complete this form and return it by fax or email.

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ MEMBER:  AICPA  PCPS

TELEPHONE # \_\_\_\_\_ FAX#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

1.) NO. OF PARTNERS \_\_\_\_\_ TOTAL PROFESSIONAL, INCLUDING PARTNERS \_\_\_\_\_ TOTAL PERSONNEL \_\_\_\_\_

2.) NO. OF ACCOUNTING AND AUDITING ENGAGEMENTS AND HOURS FOR MOST RECENT YEAR END (APPROX):

**AUDITS**

GAO – YELLOW BOOK NO. \_\_\_\_\_ HOURS \_\_\_\_\_

OMB- UNIFORM GUIDANCE NO. \_\_\_\_\_ HOURS \_\_\_\_\_

ERISA – PENSIONS NO. \_\_\_\_\_ HOURS \_\_\_\_\_

OTHER NO. \_\_\_\_\_ HOURS \_\_\_\_\_

**REVIEWS** NO. \_\_\_\_\_ HOURS \_\_\_\_\_

**COMPILATIONS**

WITH DISCLOSURE NO. \_\_\_\_\_ HOURS \_\_\_\_\_

WITHOUT DISCLOSURE NO. \_\_\_\_\_ HOURS \_\_\_\_\_

**PREPARATION OF FINANCIAL STATEMENTS** NO. \_\_\_\_\_ HOURS \_\_\_\_\_

**ATTESTATIONS** NO. \_\_\_\_\_ HOURS \_\_\_\_\_

**TOTAL** \_\_\_\_\_

3.) INDUSTRY CONCENTRATIONS: \_\_\_\_\_

4.) CONVENIENT TIME FOR REVIEW: \_\_\_\_\_ 5.) REVIEW DUE DATE \_\_\_\_\_

6.) TYPE OF REVIEW  System Review  Engagement Review

7.) OTHER COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_