

CPE Quizzer Answer Sheet

CHECKPOINT LEARNING

CPE Network Tax Report CPEN001 05/22

You will have one year from your date of receipt to complete this program and submit the quizzer in order to obtain credit.

First Name: _____

Last Name: _____

Firm Name: _____

Firm Address: _____

City: _____ State /ZIP: _____

Firm Phone: _____ Fax No: _____

Firm Fax No: _____

Email: _____

Licensing State: _____ License No: _____

CFP License (if applicable): _____ PTIN No. (if applicable): _____

A Certificate of Completion will be issued with a passing grade of 70 percent or better **within three (3) weeks of submission**. You will be sent a make-up test if you fail. You are responsible for submitting a CPE Reporting Form to your State Board or professional organization. Contact your State Board for complete information regarding your status or requirements.

Mail to: Thomson Reuters-PO Box 115008, Carrollton, TX 75011-5008

Email: CPLGrading@thomsonreuters.com

FAX: 1-888-286-9070

ANSWERS:

Please indicate your answer by filling in the appropriate circle as shown: Fill in like this not like this / X

- | A | B | C | D | A | B | C | D | A | B | C | D | A | B | C | D | | | | |
|----|-----------------------|-----------------------|-----------------------|-----------------------|----|-----------------------|-----------------------|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |