

# CPE Quizzer Answer Sheet

# CHECKPOINT LEARNING

## CPE Network Accounting & Auditing Report CPEN010 03/25

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.

Email: CPLGrading@CeriFi.com

### 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
1.	<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"/>
3.	<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"/>

	A	B	C	D
5.	<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"/>
7.	<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"/>

	A	B	C	D
9.	<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"/>
11.	<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"/>

	A	B	C	D
13.	<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"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

