

CPE Quizzer Answer Sheet



Cerifi CPE Network Accounting & Auditing Report

CPEN010

08/25

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: grading-cpedge@cerifi.com.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. | ☐ | ☐ | ☐ | ☐ |
| 2. | ☐ | ☐ | ☐ | ☐ |
| 3. | ☐ | ☐ | ☐ | ☐ |
| 4. | ☐ | ☐ | ☐ | ☐ |

- | | A | B | C | D |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. | ☐ | ☐ | ☐ | ☐ |
| 6. | ☐ | ☐ | ☐ | ☐ |
| 7. | ☐ | ☐ | ☐ | ☐ |
| 8. | ☐ | ☐ | ☐ | ☐ |

- | | A | B | C | D |
|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. | ☐ | ☐ | ☐ | ☐ |
| 10. | ☐ | ☐ | ☐ | ☐ |
| 11. | ☐ | ☐ | ☐ | ☐ |
| 12. | ☐ | ☐ | ☐ | ☐ |

- | | A | B | C | D |
|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. | ☐ | ☐ | ☐ | ☐ |
| 14. | ☐ | ☐ | ☐ | ☐ |
| 15. | ☐ | ☐ | ☐ | ☐ |