# CPE Answer Sheet

CERIFI CPEdge

## CeriFi CPE Network Tax Report

**CPEN001**
**03/26**

**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:_____

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City:_____ State /ZIP:_____

Firm Phone: _____ Fax No:_____

Firm Fax No: _____

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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

**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. | ○ | ○ | ○ | ○ |
| 5. | ○ | ○ | ○ | ○ |
| 6. | ○ | ○ | ○ | ○ |
| 7. | ○ | ○ | ○ | ○ |
| 8. | ○ | ○ | ○ | ○ |
| 9. | ○ | ○ | ○ | ○ |
| 10. | ○ | ○ | ○ | ○ |
| 11. | ○ | ○ | ○ | ○ |
| 12. | ○ | ○ | ○ | ○ |
| 13. | ○ | ○ | ○ | ○ |
| 14. | ○ | ○ | ○ | ○ |
| 15. | ○ | ○ | ○ | ○ |

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