**PEER REVIEW DATA**

FIRM NAME **Steven Zelin, CPA**

STREET ADDRESS **Email:** [steven.zelin@zelincpa.com](mailto:steven.zelin@zelincpa.com)

CITY, STATE, ZIP or mail to:

Zelin & Associates CPA LLC

CONTACT 555 8th Avenue, Suite 1203

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**EMAIL**

No. of offices

No. of A&A partners

Total A&A staff, including partners

Has firm previously had a Peer Review?

Yes No

If so what was the result?

Pass Pass W/Deficiency(ies) Fail

Which firm performed your most recent peer review?

Please send us a copy of your most recent peer review report.

What type of Peer Review do you need?

System Review Engagement Review

List Industry Concentration (10% or more of total accounting and auditing hours).

Note if any governmental, HUD, single audit, banking, ERISA, broker dealers or SOC engagements.

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Review Period to

Preferred month of review

Due Date of Review

Does your firm use electronic or paper for workpapers?

What practice aids does the firm use (PPC, Willey, etc.)?

If your firm uses PPC, does your firm use SMART practice aids?

Any investigations since your last per review by regulatory authorities such as DOL, GAO, Board of Public Accountancy or other? If yes, please attach an explanation.