

# PEER REVIEW DATA

FIRM \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

**FAXBACK (978) 970-3260**  
**Thomas P. Kirwin, CPA**  
or mail to:  
**Thomas P. Kirwin, CPA**  
Sullivan Bille PC  
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**Email: tkirwin@sullivanbillepc.com**

**EMAIL** \_\_\_\_\_

- No. of offices \_\_\_\_\_
- No. of partners \_\_\_\_\_  
Total professionals, including partners \_\_\_\_\_
- Has firm previously had a peer review?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If so what was the result? Pass \_\_\_\_\_ Pass With  
Deficiency(ies) \_\_\_\_\_ Fail \_\_\_\_\_
- Approximate number of annual accounting and auditing engagements and hours

	<u>#</u>	<u>HOURS</u>
Audits	_____	_____
Reviews	_____	_____
Compilations	_____	_____
Compilations without disclosures	_____	_____
Agreed Upon Procedures	_____	_____
<b>New level of service below compilation:</b>		
Preparation with disclosures	_____	_____
Preparation without disclosures	_____	_____

- List Industry Concentration (10% or more of total accounting and auditing hours).  
Note if **any** governmental, HUD, yellow book, single audit, banking, ERISA, broker  
dealers or SOC engagements.  
\_\_\_\_\_  
\_\_\_\_\_
- Preferred month for review \_\_\_\_\_ Due Date of Review \_\_\_\_\_
- Any investigations since your last peer review by regulatory authorities such as DOL,  
GAO, Board of Public Accountancy or other? If yes, please attach an  
explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_