

# CPE Quizzer Answer Sheet

# CHECKPOINT LEARNING

## CPE Network Tax Report

CPEN001

07/23

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.

**Mail to:** Thomson Reuters-PO Box 115008, Carrollton, TX 75011-5008

**Email:** CPLGrading@thomsonreuters.com

**FAX:** 1-888-286-9070

## 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"/> |