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William & Mary Annual Tax Conference

Conferences, Events, and Lectures

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2002

## 2002 Accreditation Information Sheets

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## ACCREDITATION INFORMATION SHEET

### Virginia Attorneys

This program has been approved by the Virginia Mandatory Continuing Legal Education Board for 14 credit hours, including 2 hours of ethics credit. A copy of the Certification of Attendance (Form 2) is included in this notebook. Please fill out the form and return it to the Registration Desk at the end of the Conference. We will forward the forms to the Virginia State Bar.

### North Carolina Attorneys

This program has been approved by the North Carolina State Bar Board of Continuing Education for 14 credit hours, including 2 hours of professional responsibility credit. A copy of the certification of attendance form is included in this notebook. Please fill out the form and return it to the Registration Desk at the end of the Conference. We will forward those forms to the North Carolina State Bar.

### Attorneys from Other States

If your state requires Continuing Legal Education credits, you may complete the form provided in this notebook and submit it to your State Bar. If you wish to have the Tax Conference mail it for you, please attach the correct mailing address to your completed form and return it to the Registration Desk at the end of the Conference. Please be advised that any required sponsor fee will be the responsibility of the attendee.

**THE NORTH CAROLINA STATE BAR  
BOARD OF CONTINUING LEGAL EDUCATION**

208 Fayetteville Street Mall  
P.O. Box 26148  
Raleigh, North Carolina 27611  
(919) 733-0123

**CERTIFICATE OF ATTENDANCE AT AN APPROVED COURSE OR PROGRAM**

To ensure proper credit, please give your bar identification number, social security number and full name and address.

(Please PRINT)

**ATTORNEY'S NAME:** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NCSB Member Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**SPONSOR:**

**College of William and Mary  
School of Law  
School of Business**

**COURSE/PROGRAM TITLE:**

**Forty-Eighth William and Mary  
Tax Conference**

**DATES OF PROGRAM:**

**November 21 and 22, 2002**

**LOCATION:**

**Williamsburg, Virginia**

**APPROVED CREDIT HOURS:**

**14, including 2 hours of professional  
responsibility credit and 12 general credit.**

I attended the full program, including the optional second hour of ethics credit.

I attended the following number of hours: \_\_\_\_\_, including \_\_\_\_\_ hours of ethics credit, \_\_\_\_\_ hours of general credit.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**CERTIFICATE OF ATTENDANCE  
WILLIAM AND MARY TAX CONFERENCE**

**NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR:** College of William and Mary  
School of Law  
School of Business

**PROGRAM TITLE:** Forty-Eighth William and Mary Tax Conference

**DATES OF PROGRAM:** November 21 & 22, 2002

**LOCATION:** Williamsburg, Virginia

**CLE CREDIT:** 840 minutes of instruction, including 120  
minutes of ethics

I attended the full program.

I attended the following number of hours: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBMIT A COPY OF THIS FORM TO YOUR STATE BAR WHEN REPORTING YOUR ANNUAL CLE CREDITS.**

**Virginia MCLE Board**  
**Virginia State Bar**  
**707 East Main Street, 15th Floor**  
**Richmond, VA 23219-2803**  
**(804) 775-0577 FAX: (804) 775-0544**

**CERTIFICATION OF ATTENDANCE (FORM 2)**

To ensure proper credit, pursuant to Paragraph 17B, C and D of Section IV, Part Six, Rules of the Supreme Court of Virginia, please list your bar ID number, social security number and print full name and address.

The information provided will be available for inspection by the public under the Freedom of Information Act.

Check if new address

Member Name: \_\_\_\_\_ VSB Member Number: \_\_\_\_\_

Official Address of Record: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (optional)  
\_\_\_\_\_ Daytime Phone:(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
City State Zip

Course ID Number: MWQ001

Sponsor: Marshall Wythe

Course/Program Title: William & Mary Tax Conference

CLE (Ethics) Credits: 14.0 ( 2.0 )

**CERTIFICATION**

Date(s) Attended: \_\_\_\_\_ Location(s): \_\_\_\_\_

I attended the full program. {Members will receive the CLE (Ethics) credits shown above.}

I attended a total of \_\_\_\_\_ (hrs/mins) of CLE, of which (\_\_\_\_\_) (hrs/mins) were in Ethics.

NOTE: Credit is awarded for actual time in attendance rounded to the nearest half hour.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
A materially false statement shall be subject to appropriate disciplinary action.

**MCLE Completion Deadline - October 31**  
**Deadline to Certify MCLE Approved Hours - December 15**  
A \$50 fee will be charged for failure to comply with either deadline.

**Virginia MCLE Board**  
**Virginia State Bar**  
**707 East Main Street, 15th Floor**  
**Richmond, VA 23219-2803**  
**(804) 775-0577 FAX: (804) 775-0544**

**CERTIFICATION OF TEACHING (FORM 3)**

To ensure proper credit, pursuant to Paragraph 17B, C and D of Section IV, Part Six, Rules of the Supreme Court of Virginia, please list your bar ID number, social security number and print full name and address.  
The information provided will be available for inspection by the public under the Freedom of Information Act.

Check if new address

Member Name: \_\_\_\_\_ VSB Member Number: \_\_\_\_\_

Official Address of Record: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_ (optional)  
\_\_\_\_\_ Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-Mail address: \_\_\_\_\_  
City State Zip

Course ID Number: MWQ001

Sponsor: Marshall Wythe

Course/Program Title: William & Mary Tax Conference

CLE (Ethics) Credits: 14.0 ( 2.0 )

**CERTIFICATION**

Date(s) of Teaching: \_\_\_\_\_ Location(s): \_\_\_\_\_

- My teaching segment was \_\_\_\_\_ (hrs/mins) of CLE, of which (\_\_\_\_\_) (hrs/mins) were in Ethics.
- In addition, I attended a total of \_\_\_\_\_ (hrs/mins) of CLE, of which (\_\_\_\_\_) (hrs/mins) were in Ethics.
- I spent \_\_\_\_\_ hours preparing for teaching my segment of the course.

NOTE: No more than four (4) hours of preparation credit may be claimed per one hour of teaching time, and no more than eight (8) hours total for any one course.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
A materially false statement shall be subject to appropriate disciplinary action.

**MCLE Completion Deadline - October 31**  
**Deadline to Certify MCLE Approved Hours - December 15**  
A \$50 fee will be charged for failure to comply with either deadline.

**ACCREDITATION INFORMATION SHEET  
FOR ACCOUNTANTS**

**Virginia Certified Public Accountants**

A Certificate of Attendance for Virginia Accountants is available in this program notebook for those of you who wish to report this Conference to the Virginia Board for Accountancy and to the Virginia Society of CPA's. Fill out and return this form at the Registration Desk and a Certificate of Participation will be issued and mailed to you at the address you provide.

**Accountants from Other States**

A Certificate of Attendance for Accountants is available in this program notebook. Fill out and return this form at the Registration Desk and a Certificate of Participation will be issued and mailed to you at the address you provide.

**WILLIAM AND MARY TAX CONFERENCE**

**CERTIFICATE OF ATTENDANCE  
FOR VIRGINIA ACCOUNTANTS**

**NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR:** College of William and Mary  
School of Law  
School of Business

**PROGRAM TITLE:** Forty-Eighth William and Mary Tax Conference

**DATES OF PROGRAM:** November 21 & 22, 2002

**LOCATION:** Williamsburg, Virginia

**CPE CREDIT:** 16.8 hours (based on 50 minute hours)

I attended the full program.

I attended the following number of hours: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Return this form to the Registration Desk. A Certificate of Participation will be issued and mailed to you at the address listed above.**



**CERTIFICATE OF ATTENDANCE  
WILLIAM AND MARY TAX CONFERENCE**

**NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR:** College of William and Mary  
School of Law  
School of Business

**PROGRAM TITLE:** Forty-Eighth William and Mary Tax Conference

**DATES OF PROGRAM:** November 21 & 22, 2002

**LOCATION:** Williamsburg, Virginia

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I attended the full program.

I attended the following number of hours: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBMIT A COPY OF THIS FORM TO YOUR STATE SOCIETY WHEN  
REPORTING YOUR ANNUAL CPE CREDITS.**

