

**EMPLOYEE INDEPENDENCE REPRESENTATION**

Name \_\_\_\_\_

I have read and understand the firm’s policies and procedures regarding the relevant ethical requirements as stated in the firm’s quality control document. As such, I represent that:

1. I am familiar with and will adhere to the independence and other relevant ethical requirements of the AICPA, North Carolina State Board of Certified Public Accountant Examiners, North Carolina Association of CPAs, state statutes, *Government Auditing Standards*, and other regulatory agencies (to the extent applicable).
2. I have reviewed the firm’s most current client list dated January 2022, to determine if I have any financial interests or business relationships that create possible threats or breaches to independence.
3. Except as described in No. 8, I do not hold any prohibited investments, nor were any held during the period. I have not entered into any prohibited transactions, nor am I aware of having any prohibited relationships.
4. As a member of the engagement team, I know that in cases when the work of a component auditor or other auditor is used, a written representation regarding the other auditor’s independence with respect to our client should be obtained, and, except as described in No. 8, I am not aware of an engagement where such a representation was required and not obtained.
5. Any situation where either I am not independent or I am unsure whether I am independent is listed and explained in No. 8.
6. I am not currently under any investigation or disciplinary proceeding, and no such matter is pending from the AICPA or any other professional organization or regulatory agency. There are no other matters that would cause a reasonable person to conclude that I lack integrity in the performance of my professional responsibilities, except as described in No. 8.
7. Any situation in which I am not able or am unsure whether I am able to exercise objectivity in performing an engagement is listed and explained in No. 8.

8.

CLIENT	POSSIBLE ISSUE	RESOLUTION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For administrative use only. Follow up needed: Yes ____ No ____
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