

**AUDIT QUESTIONNAIRE**

*You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you.*

Taxpayer name and address	Taxpayer number(s)
Legal name and address, if different from above (Attach additional sheets, if necessary.)	FEI #
Website address, if applicable	SS #

*Disclosure of your social security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. sec 405(c)(2)(C)(i); Tex. Gov't Code secs 403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.*

**The following information will allow us to become familiar with you and your business operations.**

Type of business (If "B" is checked, attach a list of LLC's which are members of the Limited Liability Company)

A. Corporation   
  B. Limited Liability Company   
  C. Sole Proprietorship   
  D. Partnership   
  E. Other \_\_\_\_\_

Has the corporation been involved in a reorganization, e.g. a purchase or merger, or had a name change within the last seven years? .....  YES  NO    If "YES," attach a detailed explanation.

Provide Corporation Charter or Certificate of Authority number and date issued, if applicable.

**Who is the person to contact to start our examination?**

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title
Physical address	E-mail address (if available)
	Phone number      FAX number

Who, on behalf of your business, is authorized to enter into a written agreement extending the period of limitation during which the tax may be assessed, accept a notification of the 60 day requirement to obtain resale or exemption certificates, sign a power of attorney, and accept a notification of sampling procedures? This would normally be an officer of a corporation, a partner, or owner.

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title
Physical address	E-mail address (if available)
	Phone number      FAX number

Have you received a refund of any taxes administered by the Comptroller within the last four (4) years?.....  YES     NO

Type of business

Records such as journals, ledgers, sales and purchase invoices, copies of Texas tax reports, and resale or exemption certificates may be requested and should be made available for examination.

Where are the sales tax records located?    CITY \_\_\_\_\_ STATE \_\_\_\_\_

Where are the franchise tax records located? CITY \_\_\_\_\_ STATE \_\_\_\_\_

Where are the other tax records located?    CITY \_\_\_\_\_ STATE \_\_\_\_\_

*NOTE: If your business makes sales that are subject to state and/or local sales taxes, you should have on file completed resale or exemption certificates for all tax-free sales.*

Check the items you have located in Texas:

<input type="checkbox"/> A. MANUFACTURING PLANT	<input type="checkbox"/> E. REAL PROPERTY	<input type="checkbox"/> I. SPACE IN DEPT. OR CHAIN STORE
<input type="checkbox"/> B. OFFICE (e.g., district)	<input type="checkbox"/> F. PERSONAL PROPERTY	<input type="checkbox"/> J. TERMINAL FACILITY
<input type="checkbox"/> C. WAREHOUSE (owned or leased)	<input type="checkbox"/> G. STOCK OF GOODS, INVENTORY	<input type="checkbox"/> K. EMPLOYEES
<input type="checkbox"/> D. RETAIL OUTLET	<input type="checkbox"/> H. LEASED PROPERTY	<input type="checkbox"/> L. INDEPENDENT REPRESENTATIVES

Does your business maintain records or file tax returns for any related company, subsidiary, or affiliated firm? .....  YES     NO

*Please attach a listing of all company names and FEI numbers.*

Name (Type or print)	Title
Authorized signature (Owner, corporate officer, or director)	Date