



Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Account Number: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### INQUIRY REGARDING RECORDS

Under the provisions of the California Unemployment Insurance Code, Government Code, and Revenue and Taxation Code, you have been selected for an employment tax audit by the Employment Development Department (EDD). The EDD is responsible for examining employer records as part of a statewide audit program. The examinations are conducted to ensure that employers properly report all workers, wages, and contributions for Unemployment Insurance, State Disability Insurance,\* Employment Training Tax, and California Personal Income Tax withholding. Proper reporting promotes a level playing field for business competition within the state and ensures that workers receive the benefit coverage they are entitled to under the law.

**To facilitate scheduling the audit appointment, please complete and return the enclosed Preaudit Questionnaire within 14 calendar days.** A self-addressed envelope has been enclosed for your convenience.

To assist you in preparing for the audit, please refer to the following enclosed document:

- **INFORMATION SHEET: EMPLOYMENT TAX AUDIT PROCESS, DE 231TA:** This information sheet explains the steps that the auditor will go through in completing the audit, lists the records you are required to provide, and answers many of the common questions employers have about an audit.

After you return the Preaudit Questionnaire, an EDD representative will contact you to schedule a mutually acceptable appointment date. An auditor will subsequently contact you to confirm the appointment, verify that the necessary records will be available, and answer any questions you may have.

\*Includes Paid Family Leave (PFL).

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Phone Number

Enclosure(s)

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Account Number: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### PREAUDIT QUESTIONNAIRE

In order to expedite the examination of your books and records, please complete and return this form to our office within **14 calendar days from the mail date**. A self-addressed envelope is enclosed for your convenience. Thank you for your cooperation.

1. Records will be available after (date): \_\_\_\_\_  
at (address): \_\_\_\_\_

2. The person to contact to see records is:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_

The person to contact to discuss the results of the audit is:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_

Authorization given by (Owner, Partner, Corporate Officer):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Signed: \_\_\_\_\_

3. Business address locations:     1. \_\_\_\_\_  
(Address, City, ZIP Code)        2. \_\_\_\_\_  
  3. \_\_\_\_\_

4. Circle organization type:   Individual Owner       General Partnership       Limited Liability Company  
  Corporation            S-Corporation            Joint Venture  
  Association            Trusteeship             Other: \_\_\_\_\_

5. Date business began: \_\_\_\_\_ Fiscal year reporting period: \_\_\_\_\_

6. General Information of Owner(s)/Partners/Corporate Officer(s):

Name	Title	Social Security No.	Driver's License No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. General Information of the company:

Federal ID Number: \_\_\_\_\_  
California Department of Tax and Fee Administration Number: \_\_\_\_\_  
Business License Number: \_\_\_\_\_ Consumer Affairs/CSLB Number: \_\_\_\_\_  
Liquor License Number: \_\_\_\_\_  
Limited Liability Company/Limited Partnership ID Number: \_\_\_\_\_ Date Formed: \_\_\_\_\_  
Corporate ID Number: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_  
Incorporated in the State of: \_\_\_\_\_

8. Give a brief description of your business operations (what you sell, manufacture, services provided, size of operations, etc.): \_\_\_\_\_  
\_\_\_\_\_

Does the business operate full-time, year-round, or seasonal? \_\_\_\_\_

9. How many employees do you have in a calendar year? \_\_\_\_\_

List the kind of services they provide: \_\_\_\_\_  
\_\_\_\_\_

Do you contract with anyone for personal services whom you do not consider to be an employee?

Yes  No  If Yes, list the kind of services they provide: \_\_\_\_\_  
\_\_\_\_\_

10. Circle type(s) of accounting system maintained:

In House Accountant/Bookkeeper or Outside Accountant/Bookkeeper

Cash or Accrual

Single or Double Entry

Computerized or Manual Posting

No Formal System

Other: \_\_\_\_\_

Who maintains the records (accountant/bookkeeper/etc.)?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. Circle employee benefits provided:

Automobile

Health Insurance

Dental Insurance

Retirement Plans

Life Insurance

Vacation Pay

Sick Pay

Meals

Lodging

Other: \_\_\_\_\_

12. List the business bank information:

Bank(s) Name and Address

Account Number

Those Authorized to Sign

Bank(s) Name and Address	Account Number	Those Authorized to Sign
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____