

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____