

**SELF AUDIT - APP**

Managed Audit Application

Applicant legal name			FEIN/social security number		
Business name (if different from above)					
Physical address			City, town or post office		State ZIP code
Mailing address (include apt., office or unit #, if any)			City, town or post office		State ZIP code
Contact person/authorized representative				Telephone number (       )       -	
Date operations commenced in Rhode Island /       /		E-mail address			

**Type of business:**     Individual     Corporation     Partnership     Other (specify) \_\_\_\_\_

**Explain business activity:** \_\_\_\_\_

**Ownership Information:** Enter the names, titles, social security numbers and residence addresses of principal officers of a corporation or of members, partners, owners, etc.

Name	Title	Social security number	Address	City or Town/State/ZIP

**Answer the following questions by circling the appropriate response:**

1. Do you currently possess a valid Rhode Island sales tax permit?       Yes       No
2. Do you consistently file timely, accurate and paid returns with this state according to Rhode Island Law?       Yes       No
3. What tax types and tax returns does this business file with this state on a monthly, bi-monthly, quarter-monthly, quarterly or annual basis?  
\_\_\_\_\_
4. Do you have the time, resources and personnel to complete a managed audit in: (select one)       60 days       90 days       120 days
5. Is the source documentation such as chart of accounts, depreciation schedules, federal and state returns, purchase journals with invoices, and other pertinent documentation readily available and accessible for all periods of the audit?       Yes       No
6. Has your business or any related company, filed for bankruptcy within the last ten years?       Yes       No
7. Have you ever received a declaratory ruling or any type of written ruling from the Division of Taxation or its representatives?       Yes       No  
If yes, have you complied?       Yes       No
8. Has the Division of Taxation performed any type of audit on this entity or any other related entity in the last five years?       Yes       No
9. Are you prepared to remit full payment of tax and any interest assessed at the time of completion?       Yes       No

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, accurate and complete.

Authorized signature	Print name	Title	Date
Applicant signature	Print name	Date	Telephone number