

RESPONSIBLE PERSON QUESTIONNAIRE

Please complete this questionnaire to the best of your knowledge and provide as much information as possible. Attach an extra sheet of paper if needed. We appreciate your assistance.

1. Was sales tax reimbursement ("sales tax") collected from customers? Yes No I don't know. *If yes, please check the appropriate box:*
 Sales tax was included as a separate item on the customer's receipt or invoice
 Sales tax was included in the total price shown on the customer's receipt or invoice
 Other (Please explain):
2. Did the business use tangible personal property and fail to pay the use tax? Yes No I don't know. *If yes, please describe the property and the amount paid for it (or approximate value if not known).*
3. Are there known business assets available to satisfy any tax debt such as bank accounts, vehicles, real property, accounts receivables, inventory, etc.? Yes No I don't know. *If yes, please provide a brief description of the assets, including their location.*
4. How were you associated with the business? (e.g., officer, member, partner)? _____. Please provide your job title, the dates of your employment or association, and a brief statement of your duties and responsibilities.
5. Were you paid for your services? Yes No *If yes, please list the date range you were paid and the amount and frequency of each payment (e.g., salary amount and whether paid weekly or monthly).*
6. If known, provide the name, title, address, and telephone number of any person who had any responsibility for the business' sales and use tax compliance during the time you were working for, or associated with, the business.

PRINT NAME	TITLE	MAILING ADDRESS	TELEPHONE NUMBER ()
PRINT NAME	TITLE	MAILING ADDRESS	TELEPHONE NUMBER ()
PRINT NAME	TITLE	MAILING ADDRESS	TELEPHONE NUMBER ()

7. If known, list the name(s) of person(s) authorized to sign business checks.
8. If known, provide the name, title, address and telephone number of any person that prepares or possesses tax returns, sales records, invoices, journals and other financial records of the business.
9. If known, provide the name, address and telephone number of any supplier, customer, landlord, and/or other person(s) who may have received payment from the business during the period(s) of _____.

PRINT NAME	TITLE	MAILING ADDRESS	TELEPHONE NUMBER ()
PRINT NAME	TITLE	MAILING ADDRESS	TELEPHONE NUMBER ()

Please complete the following information about yourself:

SIGNATURE	TITLE	DATE
PRINT NAME	DAYTIME PHONE ()	CELL PHONE ()
MAILING ADDRESS	CITY	STATE ZIP
EMAIL ADDRESS		



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