

## State of Rhode Island Division of Taxation **MANAGED AUDIT - APP**

Managed Audit Application

Applicant legal name		FEIN/social	security number
Business name (if different from above)		NAICS Cod	e
Physical address	City, town or post office	State	e ZIP code
Mailing address (include apt., office or unit #, if any)	City, town or post office	State	e ZIP code
Contact person/authorized representative		Telephone number	
Date operations commenced in Rhode Island E-mail address		( )	-
Type of business: Individual Corpora	tion 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. as applicable. If more space is needed, attach a list to this Application.

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.	2. Do you consistently file timely, accurate and paid returns with this state according to Rhode Island Law?		No
3.	What tax types and tax returns does this business file with this state on a monthly, bi-monthly, quarter-monthly, quarterly	y or an	nual basis?
4.	Do you have the time, resources and personnel to complete a managed audit in: (select one) 60 days 90 da	iys	120 days
5.	Is the source documentation such as chart of accounts, depreciation schedules, federal and state returns, purchase jou	rnals	
	with invoices, and other pertinent documentation readily available and accessible for all periods?	Yes	No
6.	Has your business or any related company, filed for bankruptcy or receivership 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 of the audit?	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	nue	Dale
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Applicant signature	Print name	Date	Telephone number