

# Pre - Audit Questionnaire

Firm Information					
Firm Name:		Business Start Date:		Firm's Phone number:	
Firm Street Address:		Audit Point of Contact:		Audit POC Phone number:	
City / State / Zip:		Unified Business Identifier (UBI#):		L&I Account #:	
Employment Security Account #:	Contractor Registration #:	Expiration Date:	Email Address:		
			Website Address:		
Name of Bank:		Bank Acct #:		Branch Location:	
<p><b>In detail describe your business activities:</b></p>  					
Business Organization					
<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship					
Has there been any change in ownership in the past four years?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of formation:
				State of formation :	
Do you (the owners/officers) perform any work for the firm? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>					
Do you report owner / partner / officer / member – manager work hours to Labor & Industries? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>					
Owner/Officer/Member - Manager Name(s)	Title	Social Security #	Effective Date as		Stock %
			Officer	Shareholder	
Name:					
Work Performed:					
Name:					
Work Performed:					
Name:					
Work Performed:					





**Contractor Information**

(Attach additional page if needed)

Please list all contractors that hired your firm during the audit period.

Name:	Unified Business Identifier (UBI):	Phone #:

**I, the undersigned, declare that I am the authorized representative of the firm submitting this questionnaire and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.**

Signature required (if a corporation, corporate officer must sign)	Title:	Date:
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