

Form 31 1488

**Washington State
 Department of Revenue
 Attn: Audit Standards &
 Procedures Manager
 PO Box 47474
 Olympia, WA 98504-7474**

Managed Audit Application

Business name:

DBA:

UBI/Tax registration number:

Telephone number:

Business address:

Contract person:

Title:

Please describe your business activities in Washington:

Please answer the following questions:

- | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is complete source documentation such as chart of accounts, federal and state returns, depreciation schedules, reseller permits/exemption certificates, sales and purchase journals with invoices, and other pertinent documentation readily available and accessible for all periods of the audit? | Yes | No |
| 2. | Are you able to provide these records electronically? | Yes | No |
| | Type of accounting software: | | |
| 3. | Have you ever requested a written opinion or ruling from the department?
(Please attach copy.) | Yes | No |
| 4. | Do you file timely excise tax returns? | Yes | No |
| 5. | Have you conducted business in Washington under any other UBI numbers within the last ten years? | Yes | No |
| | If yes, please provide previous UBI numbers: | | |
| 6. | Have there been changes to your accounting software and/or accounting personnel in the past four years? | Yes | No |

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| 7. | Do you have the time, personnel, and resources to complete your portion of a managed audit within 60 days? | Yes | No |
| 8. | Does your accounting system have the capability to isolate sales and purchases by state? | Yes | No |
| 9. | Are you currently working with another division within the department? | Yes | No |
- If so, which division:

Generally, a business qualifies for the Managed Audit Program if the tax issues are straightforward and without multiple deductions, exemptions, or credits.

Qualification for participation in this program is also based on a taxpayer's compliance history, internal controls, and the anticipated time savings. *The department has sole discretion to grant participation in the Managed Audit Program.*

Declaration: As an authorized representative of the business identified above, I certify that the above declarations are true and complete.

Signature of authorized representative:

Print name:

Title:

Date:

If your business has been notified of a pending audit, please forward this application to the assigned Revenue Auditor. All other applications should be completed, signed, scanned, and returned by email to dormanagedauditappli@dor.wa.gov, or mailed to:

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