

PRE-AUDIT QUESTIONNAIRE

Attention: _____
Auditing Division
P.O. Box 902
Charleston, WV 25323-0902

West Virginia Identification # or FEIN: _____

Business Phone: _____

Business eMail: _____

Business Website: _____

Official in Charge of Records: _____
or Name of POA

Title: _____

Address of Audit Site/Records: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

What days and hours can you accommodate the auditor(s)? _____

Our employees will follow the visitor rules and social distancing guidelines effective at your place of business. Please provide your guidelines in the Comments box below or attach your written policy. Providing records electronically can reduce or eliminate the need for an auditor to visit your place of business.

Are your records maintained by an independent bookkeeper or certified public accountant: YES _____ NO _____

If yes, do we have permission to contact them? YES _____ NO _____

If you checked YES, you must complete the enclosed power of attorney form to allow the WV Tax Commission Auditing Division to communicate with your representative.

Please give independent bookkeeper or CPA name, address and telephone number:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

What Software or other method will you use to provide records electronically?

Please provide or attach a list of affiliated companies and West Virginia Identification Numbers:

Comments and description of business activities:
