Pre - Audit Questionnaire

			ı	Firm Inf	ormation				
Firm Name:				Busines	s Start Date:	Firm's Phone nu	ımber:		
Firm Street Address:			Audit Point of Contact:			Audit POC Phone number:			
City / State / Zip:			Unified Business Identifier (UBI#):			L&I Account #:			
Employment Security Account #:			Expiration Date:	Email Address:					
			Website Addre						
Name of Bank:			Bank Acct #:			Branch Location:			
In <u>detail</u> describe your	In <u>detail</u> describe your business activities:								
			Bus	iness C	Organizatio	n			
□LLC		artnership	ership Corporation Sole Proprietorship						
Has there been any change in ownership in the past four years?			Yes No Date of form			mation: State of formation :			
Do you (the owners/officers) perform any work for the firm?							☐ Yes	☐ No	
Do you report owner / partner / officer / member – manager work hou				ours to La			☐ Yes	☐ No	
Owner/Officer/Member - Manager Title Name(s)						ve Date as		2 2.	
		Social Secu	rity #	Officer	Shareholde	r	Stock %		
Name: Work Performed:									
Name:									
Work Performed:									
Name:									
Work Performed:									

	Worker Infor	mation						
How do you pay your workers?	☐ Cash	☐ Check ☐ Direct Deposit ☐ Other						
What is the basis for their pay?	☐ Hourly	☐ Piecework ☐ Salary ☐ Commission	on					
Do you deduct the employee portion of industrial insurance premium from employee paychecks?								
HOURLY / PIECE WORK EMPLOYEES Do any employees receive pay for holiday, sick, vacation, or any other time away from work? Do you deduct employee vacation or sick leave from the total hours reported to Labor & Industries?	☐ Yes ☐ No ☐ Yes ☐ No	SALARY / COMMISSION EMPLOYEES Do any employees receive pay for holiday, sick, vacation, or any other time away from work? Do you deduct employee vacation or sick leave from the total hours reported to Labor & Industries?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes					
Do you have any workers who perform clerical office (4904), outside sales/estimator (6303), or construction superintendent duties (4900)? Do you pay workers for travel time? If so, which risk classes are these hours reported in? Have hours for any worker been divided between two or more risk classifications? If so, which risk classes are these hours reported in?								
Job Descriptions (Attach additional page if needed)								
Job Title: Risk Classification:	Job Duties							
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Subcontractor / Independent Contractor Information

(Attach additional page if needed)

Please list all individuals or businesses that performed services for your business that are not on your payroll.

Examples would be individuals/businesses you issue IRS form 1099, casual/temporary labor, janitorial services, lawn care services, computer services, plumbing services or other repair services. Please be prepared to supply the supporting documentation at the time of the audit.

	Subcontractor	Information	Contract Information				
Name of Subcontractor	Address Location	UBI#	L&I Acct #	Contractor's Lic #	Brief Description/Nature of Contract Work	Did the subcontractor bring workers? Yes/ No	Amount Paid During Audit Period
For Example: NW Contractors	123 Ash Ave, Seattle, WA 98122	601 344 567	211, 707 - 00	nwcont*235	Roofing, Inside Carpentry	Yes	\$57,800

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 office	r must sign)	Title:		Date:			