



State of Washington
Department of Revenue
Managed Audit Application

Business Name: _____

DBA: _____

UBI/Tax Registration Number: _____ Telephone Number: _____

Business Address: _____

Contact 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?
2. Are you able to provide these records electronically?
3. Have you ever requested a written opinion or ruling from the Department?
4. Do you file timely excise tax returns?
5. Have you conducted business in Washington under any other UBI numbers within the last ten years?
6. Have there been changes to your accounting software and/or accounting personnel in the past four years?
7. Do you have the time, personnel and resources to complete your portion of a managed audit within 60 days?
8. Does your accounting system have the capability to isolate sales and purchases by state?
9. Are you currently working with another Division within the Department?

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:

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