



Employer name		Federal ID	BWC policy number
Address			
City		State	ZIP code
Phone	Cell phone	Fax	
Email		Website	

1. Please indicate the IRS tax document you file:
- 1040 Individual 1120 Corporation 990 Not for Profit
 1065 Partnership 1120-S S-Corporation Other _____

2. List active officers/owners/partner by name, title, duty and to which manual class reported for the audit period.

Name	Title	Class code	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Has the business or a portion of the business been sold/purchased within the last three years? Yes No
4. If there are multiple entities covered by this policy, please list legal names and federal ID numbers.
- _____
- _____

5. List any associated or commonly owned companies and their BWC policy numbers.

6. Do you have locations outside of Ohio? Yes No (If yes, please provide the auditor the complete addresses and phone numbers.)

7. Did you have Ohio employees working outside the state in the audit period? Yes No

8. Describe your services or products, including your methods of operations.

9. Please list number of clerical employees _____ Outside sales employees _____ Drivers _____

10. Please indicate the number of W-2's issued: 2014 _____ 2015 _____

11. Please indicate the number of 1099s* issued: 2014 _____ 2015 _____

* Auditor will need contracts/invoices

12. Do you pay any individuals for whom you do not issue a 1099 or W2? Yes No

Questionnaire completed by: _____ Date: _____
Signature

Please use an attachment if there is not sufficient space provided for some answers.