



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: 2015 \_\_\_\_\_ 2016 \_\_\_\_\_

11. Please indicate the number of 1099s\* issued: 2015 \_\_\_\_\_ 2016 \_\_\_\_\_

\* 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.