

Taxpayer Information

DATE: _____

LICENSEE/COMPANY NAME: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

GENERAL INFORMATION

LICENSE NUMBER(S): _____

FEIN NUMBER: _____

ENTITY TYPE: ___ Sole Proprietorship
 ___ Corporation
 ___ Partnership
 ___ LLC
 ___ Other (please specify) _____

COMPANY CONTACT PERSON(S): _____

(NAME)

(TITLE)

E-MAIL ADDRESS: _____

**PERSON RESPONSIBLE FOR
AUDIT RESULTS:** _____

(NAME)

(TITLE)

TELEPHONE NUMBER(S): _____

FAX NUMBER: _____

**IF THE DESIGNATED CONTACT IS NOT EMPLOYED BY LICENSEE/COMPANY,
PLEASE FILL OUT AND RETURN (OR FAX) THE ENCLOSED CONTACT AUTHORIZATION
FORM.**

COMPLETED BY: _____ **DATE:** _____

(Name)