

CORPORATE INCOME TAX QUESTIONNAIRE
(Chapter 220, F.S., Florida Corporate Income/Franchise
and Emergency Excise Tax Return, Form F-1120)

ATTACHMENT TO
REQUEST TO PARTICIPATE IN THE
CERTIFIED AUDIT PROGRAM
(FORM DR-342000)

Entity Name: _____

Federal Identification Number: _____

- | | YES | NO |
|--|-----|-----|
| 1. Is your entity incorporated? | ___ | ___ |
| 2. If you answered yes, are you a Florida corporation?
If no, under which state are you incorporated? _____ | ___ | ___ |
| 3. If your entity is incorporated, has it elected to be taxed as a
S Corporation (Sections 1371-1379 of the Internal Revenue Code)? | ___ | ___ |
| 4. Is your company a member of a joint venture, syndicate or a
partnership doing business in Florida? If so, list separately
the name(s) and FEI number(s) of any other corporate partner(s).

_____ | ___ | ___ |
| 5. Does the entity maintain a place of business, whether owned or
rented, factory, retail store, sales office or inventory in Florida?
If yes, please specify.

_____ | ___ | ___ |
| 6. Does the entity perform any service, conduct seminars, or
provide consulting services for intangible assets, within the state? | ___ | ___ |
| 7. Since you are registered to collect Florida Sales and Use Tax,
please provide an explanation of why you are a non-filer for
corporate income tax.

_____ | | |

I declare that I have answered the above questions, and to the best of my knowledge and belief they are true, correct and complete.

Date

Signature of taxpayer

Title