

## CORPORATE INFORMATION QUESTIONNAIRE

1. Account Number Active Inactive Date Preparer
  
2. Corporate Name Corporate I.D. Number  
DBA(s)
  
3. Period of Liability Total of Liability \$
  
4. Identity of Principal(s), Corporate Officer(s), and/or Stockholder(s):
 

A. Name	Title		Last 4 Digits of SSN
CA Driver License Number		% Stock	Period Involved
Address			
B. Name	Title		Last 4 Digits of SSN
CA Driver License Number		% Stock	Period Involved
Address			
C. Name	Title		Last 4 Digits of SSN
CA Driver License Number		% Stock	Period Involved
Address			
D. Name	Title		Last 4 Digits of SSN
CA Driver License Number		% Stock	Period Involved
Address			
  
5. Were you aware of the **quarterly tax returns/deposits** reporting requirements?
  - a. Yes    No
  - b. If no, then who was/were:
  
6. Were you aware of the due dates for **quarterly tax returns/deposits**?
  - a. Yes    No
  - b. If no, then who was/were:
  
7. Was **State Disability Insurance/Personal Income Tax** withheld?
  - a. Yes    No
  - b. If no, please explain why not:
  
8. Was it placed in a trust account?
  - a. Yes    No
  - b. If no, please explain why not:  
Provide **all** bank names, addresses, and bank account numbers

9. Is the company registered with e-Services for Business? Yes    No
  - a. If yes, list the Administrator and all authorized third-party/account managers by name and title.
  - b. Who authorized the above individual(s) access to the e-Services for Business?
  - c. If no, how are the **quarterly tax returns/deposits** submitted?
10. Who prepared the **quarterly tax returns/deposits**?
11. Whose signature was on the payroll checks?
12. Whose signature was on the business checks?
13. Who had the final word as to what bills would be paid?
14. a. Who was authorized to sign on the account(s)?
  - b. Number of signatures required?
15. Who managed and directed operations?
16. Who hired/fired employees?
17. Who supervised the employees?
18. Who negotiated contracts/business transactions?
19. Who negotiated and guaranteed loans?
20. What business expenses (including wages, loan payments, other taxes) were paid after the liability became due?
21. Did principal(s) receive any corporate funds, assets, wages, or loan repayments after this liability became due?  
Yes    No  
If yes, explain:
22. List names/titles, addresses, and phone numbers of individuals who could confirm the above information:

**(See page 3 for additional comments)**

## CORPORATE INFORMATION QUESTIONNAIRE (CONTINUED)

***I declare under penalty of perjury that the foregoing, to the best of my knowledge and belief, is true and correct:***

Signature and Title of Preparer

Date

Phone Number

Last 4 Digits of SSN

CA Driver License Number

Address

In your own words, explain why the taxes were not paid using the Additional Comments section below. If there is not enough space provided, additional pages may be attached.

### **Additional Comments:**

Section 1735 of the California Unemployment Insurance Code (CUIC) reads:

“Any officer, major stockholder, or other person, having charge of the affairs of a corporation or association, registered limited liability partnership or foreign limited liability partnership, or limited liability company employing unit, who willfully fails to pay contributions required by this division or withholdings required by Division 6 (commencing with section 13000) on the date on which they become delinquent, shall be personally liable for the amount of the contributions, withholdings, penalties, and interest due and unpaid by such employing unit. The director may assess such officer, stockholder, or other person for amount of such contributions, withholdings, penalties, and interest. The provisions of Article 8 (commencing with section 1126) and Article 9 (commencing with section 1176) of Chapter 4 of Part 1 apply to assessments made pursuant to this section. Sections 1221, 1222, 1223, and 1224 shall apply to assessments made pursuant to this section. With respect to such officer, stockholder, or other person, the director shall have all the collections remedies set forth in this chapter.”

This is to acknowledge that I have read and understand the above code section of the CUIC and have been provided an explanation of the investigation and assessment process.

Name

Date

Phone Number (Work)

(Home)

Address

Last 4 Digits of SSN

CA Driver License Number