



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

1. 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. Are you in or have you been in a PEO lease? ☐ Yes ☐ No (If yes, please provide effective dates.)

5. If there are multiple entities covered by this policy, please list legal names and federal ID numbers.

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

7. Do you have locations outside of Ohio? ☐ Yes ☐ No (Please provide addresses and phone numbers.)

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

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

10. List the number of clerical employees: _____ Outside sales employees: _____ Drivers: _____

11. Indicate the number of W-2s issued in Ohio for the most recent completed tax year. _____

12. Indicate the number of 1099s* issued in Ohio for the most recent completed tax year. _____

* Auditor will need contracts/invoices.

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

Questionnaire completed by: _____ Date: _____
Signature

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