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Nebraska Limited Focus Examination Questionnaire

Please answer all applicable questions and return in the envelope provided.

	Business Ic	lentification						
Legal Name			Federal	Identification Number or Socia	I Security Number			
Doing Business As			Nebrask	Nebraska Identification Number				
Business Location Add	ress		Address	Where Records are Ke	ept			
Street Address		Street Address						
City State	Zip Code	City		State	Zip Code			
Name of Person to Contact Concerning Examination or Po	Title							
Telephone Number	FAX Number		E-M	ail Address				
	Business I	nformation						
1. Name of parent company, if appropriate:								
2. List all related companies, or corporation	s that have at least 50 pe	rcent common o	ownership.					
3. Type of ownership: □ Sole Proprietorship □ Partnership □ S Corporation □ LLC □ LLP □ Nonprofit Corporation □ Owners/Officers and Titles □ Owners/Officers □ Description								
4. List all website addresses:								
5. List all Nebraska locations:								
6. Type of Business (check all that apply):	□ Retail □ Who □ Utility □ Hote		Manufacturi Restaurant	ing Contractor Bar/Tavern	□ Rental □ Other			
7. Describe your business activity (Products and/or services sold):								
 8. Registered Contractor Option: Option 1 — Buying inventory tax-free, and charging your customers sales tax on all materials. Option 2 — Buying inventory tax-paid, and not charging customers sales tax on materials. Option 3 — Buying inventory tax-free, paying use tax when the materials are withdrawn from inventory, and not charging customers sales tax on materials. 								
	Sales Inf	ormation						
9. Do you maintain a sales journal showing	each sales invoice?		☐ YES	□ NO				
10. Does your sales journal show which sales		☐ YES	□ NO					
11. Are sales to out-of-state customers specif	les journal?	☐ YES	□ NO					
12. What sales do you make that are not taxe	d?							
13. Do you have Nebraska Resale or Exempt all nontaxed sales?			□ YES	□ NO				
14. Do you donate or give away merchandise withdraw merchandise from inventory fo		U YES	□ NO					
15. How are your sales invoices stored and fi	led?							

Purchases Information						
16. Do you maintain purchase invoices at your location? If NO, where are the purchase invoices located?	U YES	□ NO				
17. How are your purchase invoices filed, stored and maintained at your location?						
18. Do you file fixed assets invoices separately from general expense	se invoices?	□ NO				
19. Do you report use tax?	U YES	□ NO				
a. Do you indicate on the invoices that use tax has been paid	?	□ NO				
b. Do you maintain a use tax liability account?	TYES	□ NO				
Examination Date a	nd Location Information					
I (and a tax preparer, if applicable) declare under penalties of law that I have examined this questionnaire, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.						
Printed Name						
here	Title		Date			
Preparer's Signature (if applicable)			Date			
Print Firm's Name, Address, and Zip Code			Daytime Phone			

Thank you for completing this questionnaire.

Use the enclosed envelope to return the completed questionnaire to the Nebraska Department of Revenue Compliance Division, Tax Discovery Section, PO Box 94818, Lincoln, NE 68509-4818.