



Nebraska Limited Focus Examination Questionnaire

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

Business Identification		
Legal Name	Federal Identification Number or Social Security Number	
Doing Business As	Nebraska Identification Number	
Business Location Address	Address Where the Examination will be Conducted	
Street Address	Street Address	
City State Zip Code	City State Zip Code	
Name of Person to Contact Concerning Examination or Power of Attorney		Title
Telephone Number	FAX Number	E-Mail Address

Business Information

1. Name of parent company, if appropriate: _____
2. List all related companies, or corporations that have at least 50 percent common ownership. _____

3. Type of ownership:
 Sole Proprietorship
 Partnership
 S Corporation
 C Corporation
 LLC
 LLP
 Nonprofit Corporation
 Owners/Officers and Titles _____
4. List all website addresses: _____

5. List all Nebraska locations: _____

6. Type of Business (check all that apply):
 Retail
 Wholesale
 Manufacturing
 Contractor
 Rental
 Utility
 Hotel
 Restaurant
 Bar/Tavern
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 Option 3—Buying inventory tax-free, paying use tax when the materials are withdrawn from inventory, and not charging customers sales tax on materials.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 Information

9. Do you maintain a sales journal showing each sales invoice?
 YES NO
10. Does your sales journal show which sales have been taxed?
 YES NO
11. Are sales to out-of-state customers specifically identified in the sales journal?
 YES NO
12. What sales do you make that are not taxed?
13. Do you have Nebraska Resale or Exempt Sale Certificates, Forms 13, on file for all nontaxed sales?
 YES NO
14. Do you donate or give away merchandise for promotional purposes, or do you withdraw merchandise from inventory for personal or business use?
 YES NO
15. How are your sales invoices stored and filed?

Purchases Information

16. Do you maintain purchase invoices at your location? YES NO

If NO, where are the purchase invoices located? _____

17. How are your purchase invoices filed, stored and maintained at your location?

18. Do you file fixed assets invoices separately from general expense invoices? YES NO

19. Do you report use tax? YES NO

a. Do you indicate on the invoices that use tax has been paid? YES NO

b. Do you maintain a use tax liability account? YES NO

Examination Date and Location Information

20. Please indicate any dates during the next three months that are unacceptable to you for the Department to conduct an examination of your books and records:

To the best of my knowledge and belief, the above answers and statements are correct and complete.

Printed Name

**sign
here** ▶

Signature

Title

Date

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.**