



**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:

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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.

**sign  
here** ▶

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**