

Department of the Treasury - Internal Revenue Service  
**Questionnaire Relating To Federal Trust  
Fund Tax Matters Of Employer**

**Note:** If you do not know the answer to a question, please write "unknown." Continue answers on the back of this form, if necessary, and number them to correspond to the question being answered.

1. Name and address of corporation	2. Your name, address, and social security number
3. Date of employment by corporation named (Give beginning and ending dates, using month, day, and year)	4. My job title or position
5. The business was operated by the following individuals (Give full name and job title, if known)	
a.	
b.	
c.	
d.	
6. The payroll records were maintained by the following person(s)	7. I was paid by (circle answer) rec'd cash other (specify) _____
8. The person(s) who directed me in my duties was	9. I received my pay from (name)
10. When a problem arose regarding payments of bills or debts of the business, I referred the matter to or contacted (name)	11. Payment of the obligations of the business was authorized by (name)

I have read the foregoing questions and answers. I fully understand this questionnaire, and it is true, accurate, and complete to the best of my knowledge and belief. I made the corrections shown and placed my initials opposite each. I made this statement freely and voluntarily, without any threats or promise of reward.

Signature

Date

Continue answers in this space. Number answers to correspond to question being answered.