



Request to Participate in the Certified Audit Program

**DR-342000
R. 10/11**

1. Name of taxpayer:		
2. Telephone number:	3. FAX number:	
4. Mailing address of taxpayer: Street or post office box: City: State: ZIP Code:		
5. Business location of taxpayer: Street address: City: State: ZIP Code:		
6. Taxpayer FEIN:		
7. Type of organization. Check the appropriate box. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> S Corporation <input type="checkbox"/> Professional Association <input type="checkbox"/> Other (Specify) _____		
8. Standard Industrial Classification Code(s):		
9. Gross receipts. Provide the taxpayer's gross receipts for the last fiscal year of the proposed audit period. Year end: Gross receipts: \$		

10. List all business names and registration numbers that were assigned and/or used by the taxpayer to report and remit Sales and Use Tax within the last 3 years of the proposed audit period.

Business Name	Registration Number

11. CPA firm name:		
12. CPA firm Florida practice unit CPA certificate number:		
13. CPA firm FEIN:		
14. Mailing address of CPA firm: Street or post office box: City: State: ZIP Code:		
15. CPA firm telephone #:	16. CPA firm FAX #:	
17. CPA firm E-mail address:		

18. Provide the names and certification numbers of all CPA staff members who will be involved in the Certified **Audit**. Also, provide names of all non-CPA staff members who will be involved in the Certified Audit program.

Name	CPA Certificate Number	DOR Certification Number	Role on Engagement

19. Is this request to participate in the Certified Audit Program to request a refund by using a sampling method to establish the amount of refund?
 Yes _____ No _____ If yes, attach form DR-26S and DR-370060 along with the information required by the forms.

20. Provide the tax and audit period to be included in the Certified Audit. The tax and audit period are subject to approval by the Department of Revenue.

Tax:	Audit Period:
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21. Attach a comprehensive, detailed list of all services your firm has provided the taxpayer.

22. Attach a copy of your firm's most recent *System Review (On-Site Peer Review)*. Rule 12-25.033(f) states in part... "the qualified audit firm must have received a timely on-site peer (system) review dated prior to the date of the Request to Participate and must have received an "Unqualified (Unmodified) Opinion" on such on-site peer (system) Review."

23. Provide the following information for each tax listed.

<u>Florida Tax</u>	<u>Business Name</u>	<u>Business Partner Number</u>	<u>Dates Returns Filed</u>
Corporate Income			
Motor Fuel			
Communication Services			
Documentary Stamp			
Insurance Premium			
Unemployment			
Gross Receipts			

A separate questionnaire must be completed for any tax or taxes where the taxpayer has not filed the required tax returns.

24. Attach a list of any outstanding liens, warrants, or *Notices of Tax Action* filed against the taxpayer for any tax type by the Florida Department of Revenue.

25. Attach a completed *Power of Attorney* (Form DR-835) for the qualified practitioner.

26. Attach the statement, signed by the taxpayer, declaring the taxpayer's intent to pay any audit assessment within 60 days of the date the audit has been agreed to or the protest opportunities have expired.

Applicant Signature: The application cannot be processed unless signed by the taxpayer and the qualified practitioner. I declare that I have read the foregoing application and that the responses provided are true.

Signature of taxpayer

Type taxpayer name and title

Date

Signature of qualified practitioner

Type qualified practitioner name & title

Date

Mail this completed application to the following address:

**Certified Audit Process
Florida Department of Revenue
P.O. Box 5139
Tallahassee, FL 32314-5139**

If the request is approved, DOR will provide the following:

1. A letter of confirmation to the CPA firm.
2. A DR-15 download (SUT filing history) for use in planning work.
3. A 30-day window to submit *Proposed Agreed Upon Procedures* tailored to the client.
4. An electronic copy of the *Standard Audit Program*;
5. An electronic copy of the shell *Proposed Agreed Upon Procedures*.

If you have any questions or need assistance in completing your application, please call the Certified Audit Program Office at (850) 617-8565

Applications Will Not Be Processed Unless They Are Proper and Complete.