

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE



**QUESTIONNAIRE FOR DETERMINING
RESPONSIBILITY FOR CORPORATE TAXES**

District of Columbia Code Sections 1530, 1812.9 and 2011 hold corporate officers or employees responsible for paying corporate taxes personally liable for the payment of the taxes. This questionnaire is designed to help determine who is personally responsible for payment.
Please forward the completed questionnaire to: Office of Tax and Revenue, Collection Division, P.O. Box 37559, Washington, D.C. 20013

SECTION 1 – BACKGROUND INFORMATION

Name	
Address	
Home Telephone Number	Office Telephone Number
Social Security Number	
Corporation Registration Number	
Taxpayer (Corporation) Name	
Address	
Incorporation (Date)	State Where Incorporated
Has the state revoked the corporation franchise? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?
Has the corporation ever filed bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when?
How were you associated with this corporation?	

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Describe your duties/responsibilities.			
What were the dates of your employment with the corporation?			
Did you resign from the corporation? Yes <input type="checkbox"/> No <input type="checkbox"/>		In writing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
When?		Is a copy of your resignation available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
To whom was your resignation submitted?			
Did you have your name removed from the bank signature cards? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When?		Amount of money you invested in the corporation \$ _____	
Where are the corporate financial records located?			
Please indicate the names, dates of service and percentage of ownership for the positions indicated below:			
Position	Name	Dates of Service	% Ownership
Chairman of the Board			
Other Directors (list)			
President			
Vice President			
Secretary			
Treasurer			
Others (shareholders, owners)			

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SECTION II - ABILITY TO DIRECT

Please indicate whether you performed any of the duties/functions indicated below for the corporation and the periods during which you performed them. If another person performed these duties, please list names and periods.

Did you...	Yes	No	Dates		Did anyone else? (Name)	Dates	
			From	To		From	To
Hire/fire employees							
Manage employees							
Direct (authorize) payment of bills							
Deal with major suppliers & customers							
Negotiate large							
Open/close corporate bank accounts							
Sign/countersign corporate checks							
Guarantee/co-sign corporate bank loans							
Make/authorize bank deposits							
Authorize payroll checks							
Prepare DC tax returns							
Determine company financial policy							

Please provide the information requested below for each person, other than you, listed for the above questions. Also, please provide any additional information indicating their knowledge and/or control over the corporation's financial affairs. (Attach additional sheets if necessary.)

Name	Address
Phone Number	Social Security Number
Additional Information	
Name	Address
Phone Number	Social Security Number
Additional Information	
Name	Address
Phone Number	Social Security Number
Additional Information	
Name	Address
Phone Number	Social Security Number

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Additional Information	
Who in the corporation had the responsibility of dealing with the outside accountant?	
Did you personally have discussions with the accountant or bookkeeper of the corporation regarding the tax liability? If so, when? What was discussed:	
Who reviewed the tax returns or tax payments?	
Who handled Office of Tax and Revenue (OTR) contacts, such as correspondence, phone calls, or visits? When? Results of the contacts:	
During the time the delinquent taxes were increasing, or at any time thereafter, were any financial obligations of the Corporation paid? If so, which ones?	
Which individual or individuals authorized or allowed any of these obligations to be paid?	
When there was not enough money to pay all the bills, what decisions were made and what actions were taken to deal with the situation? Who made the decisions?	
Additional Comments	
Is there anyone else who may have been involved or who could provide additional information regarding this matter: Yes <input type="checkbox"/> No <input type="checkbox"/> Who:	
Please add any comments you may wish to make regarding this matter.	
I declare that I have explained the information given in this statement and, to the best of my knowledge and belief, it is true, correct and complete.	
(Signature)	Date