



Phone: (317) 233-6036 | FAX: (317) 234-5531 | Website: [www.in.gov/dor](http://www.in.gov/dor)

1. Customer Identification			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you representing a taxpayer requesting Voluntary Disclosure?			
Customer or Representative Name		Taxpayer FEIN or SSN	
Contact Name		Contact Title	
Mailing Address		Telephone	FAX
City	State	ZIP Code	Email Address

2. Type of Entity/Ownership	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-Taxed as a Partnership <input type="checkbox"/> LLC-Taxed as a Corporation <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Other (describe):	

3. Is customer registered with the Indiana Secretary of State?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year:

4. Has the customer been contacted by the Indiana Department of Revenue regarding this liability?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Does customer's income tax end on December 31?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, enter the fiscal year end date:

6. Has customer filed any recent short period income tax returns?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify period ends:

7. Voluntary Disclosure by Tax Type	
Returns <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list below.
Sales and Use Tax	
<input type="checkbox"/> Yes	Date activity began in Indiana:
<input type="checkbox"/> No, explain	<input type="checkbox"/> Already filing <input type="checkbox"/> Exempt <input type="checkbox"/> Other, explain:
Franchise/Income Tax	
<input type="checkbox"/> Yes	Date activity began in Indiana:
<input type="checkbox"/> No, explain	<input type="checkbox"/> Already filing <input type="checkbox"/> Protected by PL86-272 <input type="checkbox"/> Other, explain:
Withholding Tax	
<input type="checkbox"/> Yes	Date activity began in Indiana:
<input type="checkbox"/> No, explain	<input type="checkbox"/> Already filing <input type="checkbox"/> Exempt <input type="checkbox"/> Other, explain:

<b>Other Tax Type</b>	
<input type="checkbox"/> Yes	Date activity began in Indiana:
<input type="checkbox"/> No	

<b>8. Describe customer's activity in Indiana.</b>
Years:

<b>9. List property (real, personal, tangible or intangible) owned or rented in Indiana.</b>
Years:

<b>10. Additional Information</b>
1. What is the approximate liability (by tax type) for each of the years? If unknown, please state.
2. Has any Indiana tax been collected or withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what is the initial date of collection?
3. Has sales tax been paid to a vendor in error for which a credit is being claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**If extra space is needed anywhere on this form, please attach additional pages.**

Preparer's Signature: \_\_\_\_\_  
(not required if emailed)

Date: \_\_\_\_\_  
(mm-dd-yyyy)