



Audit Referral

To		Audit Selection & Tracking - Field Audit Section		Date (MM/DD/YY)	
From					
Company Name				FEIN	
Company Address				Colorado Account Number	
City				State	Zip
Urgency: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					
Please provide detailed descriptions in the following fields.					
Reason for Referral					
Other Issues or Comments					
Taxes being referred: (check all that apply) <input type="checkbox"/> Sales Tax <input type="checkbox"/> Consumer Use <input type="checkbox"/> Retailers Use <input type="checkbox"/> Withholding <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> Partnership Income Tax <input type="checkbox"/> Other (if checked, please list tax type below)					
If other is checked, please list tax type					
Additional Documentation (Please attach any information such as copies of invoices, checks, etc.)					
For Internal Use Only					
Department				Manager Initials	
				Received Date (MM/DD/YY)	