

Audit Referral

To: Audit Selection & Tracking - Field Audit Section		Date:
From:		
Company Name:		Colorado Acct Number:
Company Address:		
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): Tax Type_____		
Additional Documentation: (Please attach any information such as copies of invoices, checks, etc.)		
For Internal Use Only		
Department:	Manager Initials:	Received Date: