# Unemployment Insurance (UI) Revenue Audit Documentation Checklist

**Employer Name:**

**EAN #:**

**Employer Address:**

**FEIN #:**

**Contact Name:**

**Filing Year/Quarter:**

**Title:**

**Time Period:**

**Contact Phone #:**

**Contact Fax #:**

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### UI Revenue Audit Filing Verifications (Materials supplied must be for the time period requested)

<table>
<thead>
<tr>
<th>Required Item</th>
<th>Available</th>
<th>Examples of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power of Attorney Letter</td>
<td></td>
<td>MA DOR form 2848 Power of Attorney required if employer designates a representative. Exception: Employers' representative is listed in DUA system as third party administrator (TPA) with the proper role assigned.</td>
</tr>
<tr>
<td>Federal Tax Filing Form</td>
<td></td>
<td>1120/1120S for Corporations, 1065 for Partnerships, 1040 Schedule C for sole proprietor, 990 for non profits</td>
</tr>
<tr>
<td>Annual Wage Reporting Forms</td>
<td></td>
<td>W-2 Forms with W-3 Transmittal form, FUTA 940. Include Summary payroll report that shows total Gross wages, MA UI Gross wages &amp; taxable wages for each employee for the period indicated above. (Provide summary of all states if multi state employer)</td>
</tr>
<tr>
<td>Quarterly Wage Reporting Forms</td>
<td></td>
<td>941's, Quarterly Gross Payroll Reports, Provide Quarterly UI Wage reports submitted to other states (if applicable).</td>
</tr>
<tr>
<td>Payroll Journal &amp; Individual Earnings Record</td>
<td></td>
<td>Employee Earnings Record. Provide copy to the auditor.</td>
</tr>
<tr>
<td>1099 Forms &amp; 1096 Transmittal form</td>
<td></td>
<td>Business Cards, invoices, certificate of insurance and detail reports of all individual payments made to each 1099 recipient for the audit period.</td>
</tr>
<tr>
<td>1099 Documentation</td>
<td>Not Available</td>
<td>Questionnaire is completed in its entirety and signed by an authorized representative of the business entity.</td>
</tr>
<tr>
<td>General Ledger</td>
<td></td>
<td>Printed copy or in electronic format.</td>
</tr>
</tbody>
</table>

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**Commonwealth of Massachusetts**

Form 7040 06-07-12
<table>
<thead>
<tr>
<th>Materials Supplied</th>
<th>Examples of Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart of Accounts</td>
<td>Available: Printed copy or in electronic format. Not Available</td>
</tr>
<tr>
<td>Check Register</td>
<td>Available: Printed copy or in electronic format. Not Available</td>
</tr>
<tr>
<td>Cash Disbursements Journal</td>
<td>Available: Printed copy or in electronic format. Not Available</td>
</tr>
<tr>
<td>Check Stubs</td>
<td>Available: Journal or vouchers. Not Available</td>
</tr>
<tr>
<td>Petty Cash</td>
<td>Available: Journal or vouchers. Not Available</td>
</tr>
<tr>
<td>Bank Statements (Include all accounts)</td>
<td>Available: Must be on bank letterhead and/or include an official bank logo, watermark, or other distinguishing feature. Not Available</td>
</tr>
<tr>
<td>Cancelled Checks</td>
<td>Available: Originals or copies of all cancelled checks. Not Available</td>
</tr>
<tr>
<td>Invoices</td>
<td>Available: Receipts Not Available</td>
</tr>
<tr>
<td>Vouchers</td>
<td>Available: Receipts Not Available</td>
</tr>
<tr>
<td>Expense Reports</td>
<td>Available: Time cards, punch cards, assignment sheets, schedules, calendars, sign-in sheets, time logs Not Available</td>
</tr>
<tr>
<td>Work Schedules</td>
<td>Available: Time cards, punch cards, assignment sheets, schedules, calendars, sign-in sheets, time logs Not Available</td>
</tr>
</tbody>
</table>

Based on the audit findings you may be required to provide the above listed records for years prior and subsequent to the initial audit year(s).
Complete Section for WorkShare Employers Only:

Is employer continuing to provide employees on WorkShare plan the same defined health benefits under same terms and conditions as though the employees work week were not reduced?

- Yes
  - IRS Form 940, Payroll Report, Tax and Wage Summary Detail.
  - HR documents, Actuarial firm documents.

- No

Is employer continuing to provide employees on WorkShare plan the same defined retirement benefits under the same terms and conditions as though the employees work week were not reduced?

- Yes
  - IRS Form 940, Payroll Report, Tax and Wage Summary Detail.
  - HR documents, Actuarial firm documents.

- No

Is the correct dollar amount of WorkShare payments being made in accordance to the % reduction on the WorkShare plan?

- Yes
  - Worker time cards.

- No
  - Employee Earnings Record, Quarterly Wage Form 941.

Is employer asking employees if they have additional employment from a non-WorkShare employer and if they do have additional employment is the dollar amount being reported?

- Yes
  - Copy of Non-WorkShare Employer Earnings Report.

- No

Are WorkShare benefit payments correctly charged to the employer account so the experience rating is accurate?

- Yes
  - Quarterly Wage Form 941, Employee Earnings Record.
  - Give to Audit Supervisor for review and forwarding to Employer Liability Unit.

- No
  - Employer Liability Unit must verify experience rating accurate.
  - Refer to Robert Capasso for verification.

Were any WorkShare overpayments identified during the audit process?*

- Yes
  - Payroll Journal.
  - Quarterly Wage Form 941.
  * If overpayment discovered, notate in Narrative and refer to Benefit Integrity if warranted.

- No

Were productivity standards for employees on a WorkShare plan changed as a result of the work week being reduced?

- Yes
  - Company written policy on production.

- No

Did the employer indicate the WorkShare program was successful?

- Yes
  - Ask employer opinion.

- No

I acknowledge that I have read this audit checklist provided by the Unemployment Insurance Field Auditor. I have provided the requested documentation that is “available” at the time of this audit. If documentation is
unavailable at the time of the audit, the DUA will extend the time to make available for up to 21 calendar days. After 21 calendar days, the DUA may complete the audit based on all available documentation or issue a subpoena for an appointment at the DUA Revenue Audit office.

I further acknowledge that the audit resulted in additional tax due of $___________ and that penalties, interest and additional UHI charges may be assessed when the adjustments are posted into the employers account.

Payment in full is collected by the auditor at the time of the audit unless the employer requests a 6 or 12 month installment plan on-line or receives approval for other arrangements with DUA Enforcement. Liability balances will accrue interest at 12%.

Comments: ____________________________________________________________

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I hereby certify that the statements made herein are true and accurate to the best of my knowledge and belief. Furthermore, I understand that all such statements are made under the pains and penalties of perjury.

Auditor (Signature) __________________________________________ Date ____________

Name (Print) __________________________________________

Name (Signature) _________________________________________ Date ____________

Title __________________________________________________________