

PRE-REFUND QUESTIONNAIRE

(ASC)

NAME OF ASC _____

ADDRESS OF ASC _____

PROCEDURES PERFORMED AT ASC (Orthopedic, plastic,
etc..) _____

NUMBER OF PROCEDURES PER MONTH _____

LIST OF MEDICAL SUPPLY VENDORS THAT CHARGE SALES
TAX: _____

HAS A SALES TAX REFUND BEEN PERFORMED AT YOUR
ASC _____

IF YES, YEARS COVERED BY
REFUND _____

HOW MANY YEARS HAS YOUR ASC BEEN
OPEN _____

Completed Pre-Refund Questionnaires can be scanned and emailed to: mmartin@sales-tax-solutions.com. I will respond back to you within a couple of days with an answer, or possibly some additional questions. All responses will remain strictly confidential.