

Fraud & Related Party Questionnaire

Organization Name:

Individual Name:

Title:

Email:

1.) Were there any business transactions or services provided between you and the Organization during the fiscal year?

Yes_____ No_____

Please describe in detail:

2.) Are you aware of any instances of actual, suspected, or alleged fraud perpetrated against the Organization during the fiscal year?

Yes_____ No_____

Please describe in detail:

3.) Are there any particular types of transactions where you believe a higher risk of fraud exists?

Yes_____ No_____

Please describe in detail:

4.) In your opinion, does the Organization communicate sound business practices and ethical behavior to employees or the management company, as applicable?

Yes_____ No_____

Please describe in detail:

5.) Are you aware of any inappropriate or unusual activity relating to the financial statements, processing of journal entries or other transactions?

Yes_____ No_____

Please describe in detail:

Additional comments related to the above or any other comments you have regarding fraud or the risk of fraud at the Organization?

Signature:

Once this document has been filled out to the best of your knowledge, please forward it to one of the following:

FAX: Please print and sign the form prior to submission. Please fax to the attention of Tony Smith at 941.639.6115

MAIL: Please print and sign the form prior to mailing. Please mail to:

Tony Smith
Ashley, Brown & Co. CPAs
366 E. Olympia Ave.
Punta Gorda, FL 33950

E-MAIL: Please attach the completed form and e-mail to fraud@ashleybrowncpas.com