

- Chief tax accountant:
- Date updated:
- Risk management status:

RISK #	RISK DESCRIPTION	RISK AREA	RECURRENCE	IMPACT DESCRIPTION	IMPACT LEVEL	ODDS	RISK SCALE	CLOSING DATE	RISK OWNER
No.	Give a brief summary of the risk.	Enter risk area	Repetitive or one-time	What hazards are possible with the risk described	Rate 1 to 5	Rate 1 to 5	IMPACT x ODDS	00/00/00	Who's responsible?
TOTAL CURRENT RESIDUAL RISK:									