

City of West Carrollton

INCOME TAX DEPARTMENT

300 East Central Avenue ● P.O. Box 10 ● West Carrollton, Ohio 45449 ● Phone: (937) 859-8288

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to West Carrollton Income Tax, please complete and return this questionnaire on or before _____.

1. Local name and address used for business purposes:

Trade Name _____ Federal ID Number _____

Local Address _____

2. Nature of business conducted _____

3. Accounting period used for Federal Income Tax Purposes: (CHECK ONE)

Calendar Year ending December 31 Fiscal Year ending _____

4. Date business began operations and/or commenced work in West Carrollton: _____

5. Do you now employ one or more persons? _____ Do you expect future employees? _____

6. Date business began withholding taxes for West Carrollton from employees' wages: _____

a) If business performs work in West Carrollton, please check here....

b) If business performs no work in West Carrollton, and is withholding only from the employees who reside in West Carrollton, please check here.....

NOTE: You may have persons in your employ who are subject to West Carrollton Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next questions cover such cases.

7. Do you at any time during the year employ persons **Who Are Subject To West Carrollton Income Tax** and from whom you do **NOT** withhold the City Income Tax? _____ Attach list of such persons, showing names, addresses and social security numbers.

8. Type of Ownership - Check One:

Individual Proprietorship Corporation Partnership Non-profit Corporation

(If partnership, please note that each partner is required to file returns indicating his/her share of the net profit or loss attributable to West Carrollton. The partnership may be required to file informational returns, as needed.)

- a) If individual proprietorship, complete the following:

Name _____ Social Security No. _____ - _____ - _____

Address _____ State _____ Zip Code _____

PLEASE COMPLETE QUESTIONS ON THE REVERSE SIDE ALSO

8. b) If corporate subsidiary, complete the following regarding the parent company:

NAME _____
ADDRESS _____ STATE _____ ZIP CODE _____

c) If partnership, association or other unincorporated joint business venture, list the following information for each partner, associate or member in the venture:

NAME & SOCIAL SECURITY NO.	ADDRESS	CITY	STATE/ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Throughout this questionnaire, wherever listings are requested, attach separate lists if sufficient spaces have not been provided.

9. Address to which tax forms are to be mailed:

BUSINESS TAX RETURNS TO:

Name _____
Care of _____
Address _____
City _____ State _____ Zip _____

WITHHOLDING TAX FORMS TO:

Name _____
Care of _____
Address _____
City _____ State _____ Zip _____

10. Does the business occupy, as a tenant, real property in West Carrollton which is rented FROM others? _____ If so, complete the following information regarding the owner of said property.

Name _____ Address _____ State _____ Zip _____

11. If the business owns rental property located in West Carrollton, please list the addresses of the properties, the tenants and the dates each was acquired.

12. Supplemental Information: _____

The information hereby submitted is true and correct.

Name (if individual) _____ Company _____

Date Signed _____ By _____ Title _____

Telephone No. _____ Ext. _____ Address _____

THANK YOU FOR YOUR COOPERATION. City _____ State _____

City of West Carrollton
Income Tax Department
West Carrollton, Ohio