



CITY OF MARYSVILLE

# CITY OF MARYSVILLE

Division of Taxation

## BUSINESS QUESTIONNAIRE

The information requested on this form is essential to the establishment of your account and will be used for official purposes only. Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Income Tax Division at (937) 645-1026 or (937) 645-1043.

Type of Organization: (Please check one)

Federal I.D. No.	Corporation	Partnership	Non-Profit
Social Security No.	S-Corporation	Sole Proprietor	LLC

1. **Local** name and address as used for business purposes:

Business name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

2. Description of your primary product or service: \_\_\_\_\_  
NAICS Code: \_\_\_\_\_

3. What date did your operation begin in Marysville? \_\_\_\_\_

4. If corporate subsidiary, give name and address of parent company main office:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

5. If Sole proprietorship, give owner's name and address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

6. Name and title of your Chief Executive Officer: \_\_\_\_\_

7. Please list all names, addresses, and telephone numbers of all partners or principal corporate officers: (Attach list if necessary)

Name	Address	Telephone Number
(a)		
(b)		
(c)		

8. Accounting period used:

Calendar year ending December 31      Fiscal year ending:

9. Estimated Annual Payroll: \_\_\_\_\_ X .01 = \_\_\_\_\_ (estimated tax withheld)

Monthly (if income tax withheld is over \$1,200 per year)

Quarterly (if income tax withheld is less than \$1,200 per year)

10. Please complete the statements below: if applicable:

(A) Number of employees (if sole proprietor do not include yourself)

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

(B) Date when employees began working in Marysville \_\_\_\_\_

(C) \_\_\_\_\_ We have no employees working in Marysville. We wish to withhold as a courtesy for employees who live in Marysville starting. \_\_\_\_\_

11. Do you lease business space from others? If so, to whom is rent paid:

Name	Address	City/State/Zip	Telephone No.
Owner: _____	_____	_____	_____
Agent: _____	_____	_____	_____

12. Send the net profit tax return to (not applicable for Courtesy Withholders):

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

13. Send withholding report tax form to:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

14. For Contractors/Sub-Contractors Only:

(A) Are you a general contractor or sub-contractor?

(B) Location of current job:

(C) Probably length of job: from: \_\_\_\_\_ to: \_\_\_\_\_ Estimated cost of job:

(D) Will you be doing more than one job in Marysville?

(E) Name and address of party from whom work is contracted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(F) Will you be sub-contracting any of the work to someone else? If yes, please attach a list with name and addresses.

15. Does your organization use a payroll service? \_\_\_\_\_ If yes, provide name: \_\_\_\_\_

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

To avoid delays in processing, please check the information given to verify accuracy and detail. Your cooperation is appreciated.

**REMIT TO:**

CITY OF MARYSVILLE

P.O. Box 385, Marysville, OH 43040-0385 (937) 645-1026 FAX (937) 645-1105

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE