



CITY OF MARYSVILLE

Income Tax Division

BUSINESS QUESTIONNAIRE

The information 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, please contact the Income Tax Division at (937) 645-7350 option 4. Fax (937) 645-7353.

Courtesy Withholders must complete Type of Organization and Questions 1, 9, 10 and 14.

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. () _____ Email: _____

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 Monthly Payroll: _____ X.015= _____ (estimated tax withheld)

Monthly (if income tax withheld is over \$200 per month)

Quarterly (if income tax withheld is less than \$200 per month)

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 annual notices and/or documents to:

Business Name: _____

Address: _____

City/State/Zip: _____ Telephone No. () _____

13. For Contractors/Sub-Contractors Only:

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

(B) Location of current job: _____

(C) Probable 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.

14. 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
Income Tax Division

P.O. Box 385, Marysville, OH 43040-0385 (937) 645- 7350 Option 4 FAX (937) 645-7353