

**City of Chillicothe
Income Tax Department
Business & Professional Questionnaire**



Remit to: P.O. Box 457 Chillicothe, OH 45601

City Tax ID # _____

The information requested is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this questionnaire and return within 15 days. If you have any questions, please contact the Chillicothe Income Tax Department at: 740-773-1161 (phone), 740-773-4535 (fax) or julie.parker@chillicotheoh.gov.

TYPE OF ORGANIZATION: (Please check one)

Corporation Partnership Non-Profit Corporation Sole Proprietorship

FEDERAL ID # _____ **OR** **SOCIAL SECURITY #** _____

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

Business Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Email: _____

2. Describe your primary product or service: _____

3. What date did your operation begin in Chillicothe? _____

4. Accounting period used: calendar year ending Dec. 31 fiscal year ending _____

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

Name: _____
Address: _____
City/State/Zip: _____

6. If partnership of other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture: (attach list if more space is needed)

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

7. **Please complete the appropriate statement:**
 (A) Number of employees (if sole proprietorship, do not include yourself)
 Full-time _____ Part-time _____ No Employees
 (B) Date when employees began working in Chillicothe _____
8. **Estimated annual payroll:** _____ x 2% = _____ (estimated tax withheld)
 Filing will be: Monthly (if income tax withheld is over \$2,399.00 per year)
 Quarterly (if income tax withheld is under \$2,399.00 per year)
9. **Do you lease business space from others? If so, to whom is rent paid?** (Give owner if known; otherwise, representative or agent.)
- | <u>Name</u> | <u>Address</u> | <u>City/State/Zip</u> | <u>Phone #</u> |
|-------------|----------------|-----------------------|----------------|
| _____ | _____ | _____ | _____ |
10. **Send the net profit tax return to:**
 Business Name: _____
 Care of: _____
 Address: _____
 City/State/Zip: _____ Phone #: _____
11. **Send the withholding report tax form to:**
 Business Name: _____
 Care of: _____
 Address: _____
 City/State/Zip: _____ Phone #: _____
12. **Do you operate any other businesses within Chillicothe?**
 Yes No If yes, please list other businesses within Chillicothe: _____
13. **For Contractors / Sub-Contractors only:** General Contractor Sub-Contractor
 (A) Location of current job: _____ Estimated cost of job: _____
 (B) Probable length of job: From _____ To _____
 (C) Will you be doing more than one job in Chillicothe? Yes No
 (D) Name and address of party from whom work is contracted:

<u>Name</u>	<u>Address</u>	<u>City/State/Zip</u>
_____	_____	_____

 (E) Will you be sub-contracting any of the work to someone else? (If yes, please attach a list with names and addresses.) Yes No

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

Signature _____ Title _____ Date _____
 Company _____ City/State/Zip _____ Phone # _____