

BUSINESS QUESTIONNAIRE . . . CITY OF YOUNGSTOWN, OHIO

DEPARTMENT OF FINANCE

INCOME TAX DIVISION

Date Issued _____

Date received by City Income Tax _____

For the purpose of our records, with regard to the City of Youngstown Income Tax, please complete and return this questionnaire promptly

Your name & address

FOR TAX OFFICE USE ONLY

Nature of Business _____

Plate Filed _____

Taxable Year _____

Date Coded _____

Federal ID Number or Social Security Number _____

If you have filed City of Youngstown Income Tax returns before under what name _____

Address _____

CITY ZIP

Account Number _____

NAME, BUSINESS ADDRESS, NATURE OF BUSINESS, DATE BUSINESS STARTED IN YOUNGSTOWN AND TYPE OF OWNERSHIP

Trade Name _____

Address _____

CITY ZIP

Telephone _____

Nature of Business _____

Date Business started in Youngstown _____

Owner's Name (if different from above) _____

Address _____

CITY ZIP

Do you now have one or more employees? _____ Do you expect to have employees in the near future? _____

In the conduct of your business, do you employ any one who classifies themselves as sub-contractors? _____

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Type of Ownership – check which:

Individual Proprietorship

Partnership

Corporation

Estate

Trust

Non-Profit Corporation

Other (specify type) _____

Accounting Period used for Federal Income Tax Purposes:

Calendar Year ending December 31, _____

Fiscal Year ending _____

Not yet determined _____

Who prepares your Financial Statements and Federal Income Tax Returns:

Name _____

Telephone Number _____

Does the business occupy real property in Youngstown as tenants rented from others _____

To whom do you pay the rent _____

Do you rent any part of your property for which you are paid rent _____

Address of Rental Units

Tenant's Name

Address

Telephone Number

Continue on back of last sheet if more space is needed

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How was business acquired?

Purchased

Started New

Incorporated

Reorganized

If local business is a branch, give name and address of Parent Company:

Name _____

Address _____ ZIP _____

Address to which tax returns are to be mailed:

Name _____

Care of _____

Address _____

Address to which employer tax forms are to be mailed: (If same – write "SAME")

Name _____

Care of _____

Address _____

IF PARTNERSHIP, ASSOCIATION, JOINT VENTURE OR SMALL BUSINESS CORPORATION, LIST NAME AND ADDRESSES OF PARTNERS, ASSOCIATES OR MEMBERS

NAME	ADDRESS	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU OPERATE ANY OTHER BUSINESS WITHIN OR OUTSIDE OF YOUNGSTOWN WHICH IS SUBJECTED TO CITY OF YOUNGSTOWN INCOME TAX

BUSINESS NAME	ADDRESS	NATURE OF BUSINESS	Y-TOWN TAX ACCOUNT NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

The information hereby submitted, including any accompanying lists and statements, is true and correct

Signature _____

Dated _____

Phone Number _____

Questionnaire prepared by _____

ATTACH ANY ADDITIONAL INFORMATION AS NECESSARY