



DEPARTMENT OF TAXATION AND REVENUE

Beth A. Christian, Tax Administrator

135 North Detroit Street Bellefontaine, Ohio 43311-1462

Telephone 937/593-8362 FAX 937/593-8372

PLEASE COMPLETE AND RETURN THIS CONFIDENTIAL CORPORATE OR BUSINESS QUESTIONNAIRE WITHIN TEN (10) DAYS FOR THE PURPOSE OF ESTABLISHING YOUR CURRENT TAX STATUS. THANK YOU.

LOCAL TRADE NAME _____

LOCAL ADDRESS _____

IF BRANCH, GIVE NAME & ADDRESS OF MAIN COMPANY OFFICE _____

TYPE OF OWNERSHIP: Individual owner _____ Corporation** _____ Partnership _____ Association _____
(LIST ALL OWNERS, PARTNERS, AND/OR OFFICERS' NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS ON THE BACK OF THIS FORM.) **ALSO, NAME & ADDRESS OF STATUTORY AGENT.**

NATURE OF BUSINESS _____

LOCATION OF BUSINESS OR JOB IN CITY _____

DATE STARTED IN BELLEFONTAINE _____ EMPLOYEES ON JOB? YES _____ NO _____

ESTIMATED DOLLAR AMOUNT OF BELLEFONTAINE PAYROLL PER MONTH _____

Number of employees in Bellefontaine _____ Do you expect employees in the future _____

If yes, give approximate date _____

DO YOU HAVE SUB-CONTRACTORS? YES _____ NO _____ (List names and complete addresses on the back.)

IF YOU RENT OR LEASE IN BELLEFONTAINE, GIVE NAME AND ADDRESS OF LANDLORD OR OWNER:

Accounting period: Calendar year basis _____ Fiscal year ending _____

NAME & ADDRESS OF ACCOUNTING FIRM OR INDIVIDUAL WHO PREPARES YOUR CITY INCOME TAX FORMS.

NAME & ADDRESS TO BE USED ON ALL CITY INCOME TAX RETURNS: _____

SIGNATURE _____ TITLE _____

DATE SIGNED _____ FEDERAL ID OR SS# _____

TELEPHONE # _____ **BELLEFONTAINE CITY TAX RATE IS 1.333%**