



DEPARTMENT OF TAXATION AND REVENUE

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%**