

VILLAGE OF WEST UNITY, OHIO

WEST UNITY, OHIO 43570

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

INCOME TAX DEPARTMENT

For Tax Office Only

C A P

M C

D'D

1st AUDIT

2nd AUDIT

For Tax Office Only

FISCAL

PERIOD

CODE

BY

CHK'D

PLATE

FILED

FEIN # \_\_\_\_\_

For the purpose of our records, with regard to West Unity Income Tax, please complete and return this Questionnaire promptly in self-addressed envelope enclosed herewith.

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

Trade Name .....

Location .....

2. Nature of business conducted .....

3. Accounting period used for Federal Income Tax purposes:
(Choose which - if Fiscal Year, write in ending date)
[ ] Calendar Year ending December 31
[ ] Fiscal Year Ending .....

4. Do you now employ one or more persons? .....

5. Do you expect to have employees in the future? .....

NOTE: You may have persons in your employ who are subject to West Unity Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

6. Do you at any time during the year employ persons WHO ARE SUBJECT TO WEST UNITY INCOME TAX and from whom you do NOT withhold the Village Income Tax? . . . . ATTACH LIST OF SUCH PERSONS, showing name and address.

7. Type of ownership - check which:

Individual Proprietorship . . . . .; Corporation . . . . .; Partnership . . . . .; Non-profit Corporation . . . . .

8. If partnership, indicate HOW the West Unity Income Tax Return, upon the net profit, will be filed and paid. Check which:

(a) in full by the business . . . . .; or (b) Separately by the individual members on proportionate shares . . . . .

9. Address to which tax forms are to be mailed:

Send Business Net Profit Tax Return Form To:

Send Withholding Report Tax Form To:

Name .....

Name .....

Care of .....

Care of .....

Street Address .....

Street Address .....

City . . . . . State . . . . . Zip Code . . . . .

City . . . . . State . . . . . Zip Code . . . . .

NOTE: If all forms go to same address, complete left side only, and write "Same" across face of right side.

10. Owner's name and address.

(a) If individual proprietorship, give owner's name and address:

Name .....  
 Street Address .....  
 City ..... State ..... Zip Code .....

(b) If corporate subsidiary, give name and address of parent company main office:

Name .....  
 Street Address .....  
 City ..... State ..... Zip Code .....

(c) If partnership, list name and address of partners if, under Item 8 (b) on reverse side, the partners elect to pay tax on proportionate shares:

	Name	Street Address	City	State
(1)	.....	.....	.....	.....
(2)	.....	.....	.....	.....
(3)	.....	.....	.....	.....
(4)	.....	.....	.....	.....

Note: Throughout this questionnaire, wherever listings are requested — Attach separate lists if sufficient spaces have not been provided.

11. With reference to real estate properties located WITHIN The VILLAGE OF WEST UNITY.

(a) Does the business occupy, as tenant, real property in West Unity rented FROM others? .....  
 If so, to whom is rent paid? Give owner, if known, otherwise his agent.)

	Name	Street Address	City	State
(1)	.....	.....	.....	.....
(2)	.....	.....	.....	.....
(3)	.....	.....	.....	.....
(4)	.....	.....	.....	.....

**SUPPLEMENTAL INFORMATION**

---



---



---



---



---

The information hereby submitted is true and correct. — Signature:

Name (if individual) .....	Company .....
Date Signed .....	By ..... Title .....
Your Phone No. .... Ext. ....	Address .....
	City ..... State ..... Zip Code .....