

Village of Garrettsville
8213 High Street
P.O. Box 306
Garrettsville, Ohio 44231
Phone: 330-527-2179 Fax: 330-527-5819

Business & Professional Questionnaire
www.garrettsville.org
e-mail: incometax@garrettsville.org

FEDERAL ID # _____

Return By:

PROJECT:

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

1. Trade Name: _____

Location: _____

2. Nature of Business Conducted: _____

3. Accounting period used for Federal Income Tax Purposes: _____ Calendar year ending Dec. 31
(check which - if Fiscal Year, write in ending date) _____ 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 Garrettsville 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 Garrettsville Income Tax and from whom you do NOT withhold the Village Income Tax? _____ IF YES, attach a list of such persons, showing names and addresses.

7. Type of ownership--check which: Sole Proprietorship: _____ Corporation: _____ Partnership: _____
Non-profit Corporation: _____ LLC: _____

8. If partnership, association or other unincorporated joint business venture, indicate HOW the Garrettsville Income Tax Return, upon the net profit, will be filed and paid. Check which: (a) In full by the business: _____, (b) Separately by the individual members on proportionate shares: _____.

Address to which tax forms are to be mailed:

Send Business Net Profit Tax Return To:

Send Withholding Report Tax Form To:

Name: _____

Name: _____

Care of: _____

Care of: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

NOTE: If all forms go to same address, write SAME across face of right side.

(COMPLETE QUESTIONS ON PAGE TWO ALSO)

9. Owner's name and address:

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

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

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

(c) If partnership, associations, or other unincorporated joint business venture, list names and addresses of partners, associates, or officers in venture:

Name	Street Address	City	State
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(1) _____

(2) _____

(3) _____

(4) _____

10. With reference to real estate properties located **WITHIN** the Village of Garrettsville, does the business occupy, as a tenant, real property in Garrettsville rented from others? _____ If so, to whom is rent paid? (Give owner if known, otherwise, his agent)

Name	Street Address	City	State
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(1) _____

(2) _____

(3) _____

11. Give date you started business in Garrettsville: _____

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct. Signature: _____ Date: _____

Print Name: _____ Title: _____

Company: _____

Phone #: _____ Ext.: _____ Fax #: _____