

For Tax Office Only
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VILLAGE OF MILLERSBURG, OHIO 44654

**BUSINESS AND PROFESSIONAL
QUESTIONNAIRE**

INCOME TAX DEPARTMENT

For Tax Office Only
FISCAL PERIOD
CODE
CH'K'D
PLATE FILED

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

- Local name and address as used for business purposes:
Trade Name
Location
- Nature of business conducted
- Accounting period used for Federal Income Tax purposes:
(Check which — if Fiscal Year, write in ending date)
 Calendar Year ending December 31
 Fiscal Year Ending
- Do you now employ one or more persons?

NOTE: You may have persons in your employ who are subject to Village of Millersburg 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.

- Do you at any time during the year employ persons WHO ARE SUBJECT TO VILLAGE OF MILLERSBURG INCOME TAX and from whom you do NOT withhold the Village Income Tax?..... ATTACH LIST OF SUCH PERSONS, showing names and addresses.
- Type of ownership — check which: Fed. ID# _____
Individual Proprietorship.....; Corporation.....; Partnership.....; Non-profit Corporation.....
- If partnership, indicate HOW the Village of Millersburg 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 partners on proportionate shares.....
- Address to which tax forms are to be mailed:
Send Business Net Profit Tax Return Form To:
Name
Care of
Street Address
City..... State..... Zip Code.....
Send Withholding Report Tax Form To:
Name
Care of
Street Address
City..... State..... Zip Code.....

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

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

9. 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 7 (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.

10. With reference to real estate properties located WITHIN the Village of Millersburg:

(a) Does the business occupy, as tenant, real property in Village of Millersburg 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

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

Name (if individual)
 Date Signed
 Your Phone No. Ext.

Company
 By Title.....
 Address
 City..... State..... Zip Code.....