

***Village of Carrollton Business and Professional Questionnaire
80 Second Street, Carrollton, Ohio 44615 - 330 627-7529***

Income Tax Department

Date _____

To establish and maintain accurate records, the Income Tax Ordinance requires that you complete and return this form in the enclosed envelope.

1. Federal I.D. No. _____ Soc. Sec. No. _____
2. Local name and address as used for business purposes:
Trade Name _____ Location _____
3. Nature of Business conducted: _____
4. Date business moved to or opened in the Village of Carrollton _____
5. Date property purchased _____
6. Date began work in or for the Village of Carrollton _____
7. Check accounting period used for Federal Income Tax Purposes:
_____ Calendar Year ending December 31 or _____ Fiscal Year ending month of _____
8. Do you employ one or more persons? _____
9. Will you withhold \$100.00 or more per month in Carrollton Village Income Tax? _____
10. Do you employ persons from whom no Carrollton Village tax is withheld? _____
ATTACH A LIST with name, address and SSN for each person.
11. Type of ownership: _____ Individual Proprietorship _____ Corporation
_____ S Corp _____ Partnership _____ Non-Profit Corporation _____ Other
12. If partnership, association, or other unincorporated joint business venture, how will the Carrollton Tax Return be filed under net profit? _____ in full by business, or
_____ Separately by individual partners on their proportionate shares (list partners on back: #15). THE CORPORATION MUST FILE IF THE S CORP IS LOCATED IN THE VILLAGE OF CARROLLTON.
13. Send Business Net Profit Form To:
Name _____
Care of _____
Address _____
City _____ State _____
Zip _____
- Send Withholding Forms To:

City _____ State _____
Zip _____

COMPLETE QUESTIONS ON REVERSE SIDE ALSO

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14. Owner's name & address:

If individual proprietorship
give owner's name and address:

Name: _____
Address _____
City _____ State _____
Zip _____

If corporate subsidiary give name and address
of parent company main office:

Name _____
Address _____
City _____ State _____
Zip _____

15. If partnership, association, or other unincorporated joint business venture, list names and addresses of partners if they elect to pay tax on their proportionate shares:

	Name	Address	City	State	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

16. With reference to real estate properties located WITHIN the Village, does the business occupy as tenant, real property rented from others? _____ If yes, to whom is rent paid? (Give owner or agent and address).

	Name	Address	City	State	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

17. If you are renting or leasing property to others, we require you to provide us with the name and address of the individual (s) or business renting property.

18. Please note any supplemental information here or use additional space for providing requested information.

19. The information hereby submitted is true and correct:

Name (if individual) _____ Company _____

Address _____ City _____

State _____ Zip _____ Phone # _____ Ext. _____

Signature _____ Title _____

Date Signed _____