

BUSINESS INCOME TAX QUESTIONNAIRE

NAME OF BUSINESS: _____ FEDERAL ID NUMBER: _____

DBA: _____ SOCIAL SECURITY NUMBER: _____

LOCAL ADDRESS: _____
Street City State Zip Code

CONTACT: _____
Local Phone Cell Phone Fax

TAX/PAYROLL CONTACT PERSON(S): _____ E-MAIL: _____

BUSINESS ADDRESS: _____
Street City State Zip Code

CONTACT: _____
Work Phone Cell Phone Fax

SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER, EXPLAIN: _____

END OF FISCAL YEAR: DECEMBER 31 OTHER: _____ BUSINESS PRODUCT/SERVICE: _____

EMPLOYEE WORK FROM HOME ONLY NAME: _____

ADDRESS: _____
Street City State Zip Code

EMPLOYEE COURTESY WITHHOLDING ONLY NAME: _____

ADDRESS: _____
Street City State Zip Code

DATE ACTIVITY BEGAN IN MASON: _____ EXPECTED NUMBER OF EMPLOYEES WORKING IN MASON: _____

WITHHOLDING PAYMENT METHOD:

PAYROLL SERVICE MAIL OHIO BUSINESS GATEWAY ACH CREDIT ELECTRONIC FILING PROGRAM

PAYROLL SERVICE COMPANY: _____ NO PAYROLL SERVICE COMPANY

EMPLOYEE LEASING COMPANY: _____ NO LEASED EMPLOYEES

SUBCONTRACTORS WORKING IN THE CITY OF MASON:

YES (attach list with names and addresses) NO SUBCONTRACTORS

DOES YOUR COMPANY REPLACE ANOTHER COMPANY PREVIOUSLY REGISTERED WITH THE CITY OF MASON?

YES (provide name and FEIN of company): _____ NO

CORPORATE OFFICERS OR PARTNERS (or attach list):

NAME: _____ TITLE: _____

ADDRESS: _____
Street City State Zip Code

NAME: _____ TITLE: _____

ADDRESS: _____
Street City State Zip Code

Please return within 15 days to the Mason Tax Office. Thank you for your cooperation.