

City of Wauseon
Income Tax Department

230 Clinton Street • Wauseon, OH 43567-1198
Phone (419) 335-1171 • Fax (419) 335-0063

Business Questionnaire

Date _____

The information required on this form is essential to the completion of our records and will be held in strict confidence, as authorized by Tax Ordinance 1970-14. If a subpoena is issued for compliance, a penalty of \$25 will be assessed. Please complete the necessary information and return within the next 10 days, return envelope enclosed.

Business Name: _____ FEIN: _____

Trade Name (DBA): _____ SSN: _____

Mailing Address: _____

Physical Address (if different): _____

Nature of Business Conducted: _____ Date started in Wauseon: _____

Entity Type: Corporation LLC Sole Proprietorship
 S Corp Partnership Non-Profit
 Govern Other (Describe): _____

Withholding Information

Send to: _____

Phone: _____

Fax: _____

Email: _____

Withholding start date: _____

Number of employees working within Wauseon? _____

Is this account for courtesy withholding for Wauseon residents? Y
or N

Net Profit Information

Send to: _____

Phone: _____

Fax: _____

Email: _____

Accounting Period _____

Fiscal Year End _____

If entity is a partnership, will partnership pay taxes on
partner's behalf? Y or N

List all partner's names and addresses on the back of
this form.

With reference to real estate properties located within the City of Wauseon:

Does the business occupy, as a tenant, real property within the City of Wauseon owned by others, if yes who?

Owner: _____ Location: _____

Owner FEIN: _____

The codified tax ordinance of the City of Wauseon requires a listing of all sub-contractors working within the city. List all sub-contractors applicable to work performed within the City of Wauseon. Use the back of this form if necessary.

Name: _____

Address: _____

FEIN: _____

Amount paid: _____

Name: _____

Address: _____

FEIN: _____

Amount paid: _____

Signed: _____

Date: _____