

Business Questionnaire . . . Village of Leetonia, Ohio

INCOME TAX DIVISION

Date Issued _____

Date received by City Income Tax _____

For the purpose of our records, with regard to the Village of Leetonia Income Tax, please complete and return this questionnaire promptly.

[_____] **FOR TAX OFFICE USE ONLY**
Nature of Business _____
Plate Filed _____
Taxable Year _____
[_____] Dated Coded _____

Name, Business Address, Nature of Business, Date of Business Started in Leetonia and Type of Ownership

1. a. Trade Name _____
Address _____ Zip Code _____
b. Nature of Business _____
c. Date Business Started in Leetonia _____
d. Do you have one or more employees _____ Do you expect to have employees in the near future _____
e. Type of Ownership – Check which: Individual Proprietorship _____ Partnership _____ Corporation _____
Estate _____ Trust _____ Small Business Corp. _____ Non Profit Corp. _____ Other (Specify type) _____
f. Accounting Period used for Federal Income Tax Purposes: Calendar Year ending December 31st, _____
Fiscal Year Ending _____
Not yet determined _____

- 2.a. Who prepares your Financial Statements and Federal Income Tax Returns:
Name _____ Telephone No. _____
Address _____ Zip code _____
b. In the conduct of your business do you employ any one who classify themselves as sub-contractors _____
c. Does the business occupy real property in Leetonia as tenants rented from others _____
To whom do you pay the rent _____
d. Do you rent any part of your property for which you are paid rent _____
Your tenant's name and address _____

- 3.a. How was business acquired: Purchased, Started New, Incorporated, Reorganized: State which _____
b. If local business is a branch, give name and address of Parent Company:
Name _____
Address _____

4. Address to which tax returns are to be mailed: If all forms go to the same address, complete left side only.
Name _____ Name _____
Care of _____ Care of _____
Street _____ Street _____
City _____ City _____

5. OWNERS NAME AND ADDRESS

a. Name _____

Home Address _____

Home Telephone _____

City _____ State _____

Zip Code _____

6. IF PARTNERSHIP, ASSOCIATION, JOINT VENTURE OR SMALL BUSINESS CORPORATION, LIST NAMES AND ADDRESS OF PARTNERS, ASSOCIATES OR MEMBERS OF VENTURE.

a. Name Address City State

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

7. DO YOU OPERATE ANY OTHER BUSINESS WITHIN OR OUTSIDE OF LEETONIA WHICH IS SUBJECTED TO CITY OF LEETONIA INCOME TAX?

Trade Name

Address

Nature of Business

Account No.

- a.
- (1) _____
 - (2) _____
 - (3) _____
 - (4) _____

8. WHEN DID YOUR BUSINESS, COVERED BY THIS QUESTIONNAIRE, BEGIN THE PRESENT OCCUPANCY OF PROPERTY LOCATED IN LEETONIA ?

a. Date _____ If known please list name of prior occupant of this property
 Name _____
 Address _____

9. USE THIS SPACE FOR ANY ADDITIONAL INFORMATION WITH REGARD TO YOUR BUSINESS OPERATION FOR CITY INCOME TAX PURPOSE.

10. The information hereby submitted, including any accompanying lists and statements, is true and correct

Date Signed _____ Business (or Trade) name used _____
 Your Phone Number _____
 Extension Number _____ Address _____
 Questionnaire Prepared by _____ City _____ State _____
 Signed _____ Title _____
 Zip Code _____