

BUSINESS QUESTIONNAIRE

CITY OF ATHENS
INCOME TAX DEPARTMENT
8 EAST WASHINGTON STREET
ATHENS, OHIO 45701-2496
(740)-592-3337
(740)-592-6400 FAX
EMAIL TO: incometax@ci.athens.oh.us

Please complete and return this form to the above address, fax number or email address. We will contact you within 1-3 businesses days with a local account number once we receive the completed questionnaire.

The City of Athens requires estimated and withholding payments to be remitted electronically. Please use the link below to submit your payments.

<https://ohio-athens.insourcetax.com/#/>

(COA ORC: 17.01.051 (A) (c): An employer, agent of an employer or other payer is required to make payment by electronic funds transfer to the tax administrator of all taxes deducted and withheld on behalf of the employee for remittance to the City of Athens.)

1. Type of Organization: (Please check one)

Sole Proprietorship Partnership LLC LLP

Corporation Subchapter S Corporation Non-profit

Other: (Please explain) _____

2. Name of Organization: (All contact information is that of the organization)

Trade Name

Store Front or DBA Name

Contact Person

E-Mail Address

Physical Address

Mailing Address

Phone Number _____ Fax Number _____

Federal Identification Number _____

Social Security Number (Sole Proprietorship only) _____

Fiscal Year Ending _____

3. List Corporate Officers and/or Owners name, Title & Social Security Numbers:

(1) _____

(2) _____

(3) _____

4. Will this business file on an existing account(s)? _____ (Yes or No)

If Yes, indicate account name(s) and account number(s): _____

5. Nature of business conducted

6. **Date started in Athens City Limits** _____

Expected project completion date (if applicable) _____

7. Please check the appropriate box:

- Employees work within Athens City limits – the withholding rate is 1.95%
- Organization conducts no work within Athens City limits. This is a courtesy withholding account (**resident is working in and paying tax to another city**) – the courtesy withholding rate is 0.60%
- No employees work within Athens City limits, this is an annual net profit/loss account only

Please provide the name and physical address of each Athens City resident this organization employs:

- (1) _____
- (2) _____
- (3) _____

8. Do you at any time during the year employ persons whose compensation will be reported on a 1099? _____

If Yes, please remit a copy of the 1099 forms to the City of Athens by February 28th of the following year.

9. Is this organization using a payroll processing service? _____ (Yes or No)

If yes, name of payroll processor: _____

Payroll processor contact name & phone number:

10. Please select the frequency of withholding remittance:

- Quarterly (under \$200.00 per month)
- Monthly (over \$200.00 per month)

11. **Address to which tax forms are to be mailed (if different than page one):**

Send business net profit tax return forms to:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

Send withholding tax forms to:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

12. If applicable, please list all CONTRACTORS AND/OR SUBCONTRACTORS:

<i>Name</i>	<i>Street Address</i>	<i>City & State</i>	<i>Zip</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information hereby submitted is true and correct.

Signature _____

Title _____

Date Signed _____