

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.*

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 1.85%
- Organization conducts no work within Athens City limits. The organization is withholding Athens City tax as a courtesy for our resident(s)- the withholding rate is 1.85%
- 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:

Name *Street Address* *City & State* *Zip*

The information hereby submitted is true and correct.

Signature _____

Title _____

Date Signed _____