

VILLAGE OF PERRYSVILLE

Department of Income Tax

156 N. Water Street
P.O. Box 115
Loudonville, OH 44842
(419) 994-3282

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of maintaining accurate account information, with regard to Perrysville Village Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

Trade Name: _____ Fed. I.D.#: _____

Location in Perrysville: _____ Date started in Perrysville: _____

2. Nature of business conducted: _____

3. Accounting period used for Federal Income Tax purposes: Calendar Year ending December 31
 Fiscal Year ending _____

4. Type of ownership: Individual Proprietorship Corporation
 Partnership Sub-Chapter S Corporation

5. If partnership, association or other unincorporated joint business venture, indicate how the Perrysville Income Tax Return will be filed and paid:
 In full by the business Separately by the individual members on proportionate shares

6. Do you now employ one or more persons? _____

7. Do you expect to have employees in the future? Yes No

NOTE: You may have persons in your employ who are subject to Perrysville Income Tax, but from whom you are not required to withhold the tax. For example, complete employer-employee relationships do not exist as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

8. Do you at any time during the year employ persons who are subject to Perrysville Income Tax and from whom you do not withhold Village Income Tax? Yes No
Attach a list of such persons, showing name, address and Federal ID Number.

SEND BUSINESS NET PROFIT AND WITHHOLDING TAX FORMS TO:

Name: _____

Care of: _____

Street Address: _____

City/State/Zip: _____

9. Owner's Name and address:

INDIVIDUAL PROPRIETORSHIP:

CORPORATION:

Owner Name: _____

Name: _____

Social Security Number: _____

Federal ID #: _____

Street Address: _____

Street Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

PARTNERSHIP, ASSOCIATION OR OTHER UNINCORPORATED JOINT BUSINESS VENTURE:
(Please list partners, associates or members separately)

| | Name | SSN or Fed. ID No. | Address |
|-----|-------|--------------------|---------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ |

10. With reference to real estate properties located within the Village of Perrysville:

Does the business occupy, as tenant, real property in Perrysville rented from others? If so, to whom is rent paid?

| | Name | SSN or Fed. ID No. | Address |
|-----|-------|--------------------|---------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |

Does the business have rental properties that are rented to others? yes no

If you do, list those located within the Village of Perrysville:

- (1) _____
- (2) _____

List those located outside the Village of Perrysville:

- (1) _____
- (2) _____

Person completing this form: _____ Title: _____

Date: _____ Telephone: _____