

# 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:

Owner Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

CORPORATION:

Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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: \_\_\_\_\_