

*City of Washington Court House Income Tax Department
117 N. Main St.
Washington Court House, Ohio 43160*

BUSINESS QUESTIONNAIRE

Please complete and return to our office at the above address or fax to 1-740-636-2348 within 5 days. If you have any questions, please call 1-740-636-2342.

Name of Business _____

Address of Business _____

Mailing Address _____

Federal ID# or Social Security# _____

Name/Title of contact person _____ *Phone #* _____

Indicate Type of Business Entity _____

Sole Proprietorship _____ *Partnership* _____ *Corporation* _____

Is this Courtesy Withholding only? _____

Accounting Period: Calendar Year _____ *Fiscal Year Ending* _____

Nature of Business _____

Starting Date _____ *Number of employees* _____

Are Premises leased? _____

Name and Address of Landlord _____

Non-Resident Businesses:

Address of Jobsite: _____

List all Sub-Contractors Employed on this Job: (Include addresses and phone numbers)

I do certify that to the best of my knowledge the above information is true, correct and complete. I understand that all information contained herein is confidential.

Date _____ *Signature* _____ *Title* _____ *Phone* _____