

*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* \_\_\_\_\_