

City of Orrville - Income Tax Department
207 North Main Street
Orrville, OH 44667
Phone: (330) 684-5008
Fax: (330) 684-5023

BUSINESS QUESTIONNAIRE

Name: _____ Fed. Tax ID: _____

Address: _____

Local name and address for business purposes: (Contractors: give job site location)

Trade Name: _____

Location in Orrville: _____

Is this a courtesy withholding account for resident employees, only? _____
(If so, list employee(s) name, address and social security number, sign, date and return form.)

Do you employ any person working within the City of Orrville? If yes, approx. number _____

Accounting period used for Income Tax purposes: Check one - (if fiscal, write FYE date)
Calendar year ending December 31 _____
Fiscal year ending _____

Type of Ownership: Individual proprietorship _____ Corporation _____ Partnership _____
Non-profit assoc. _____ LLC _____ Other (explain) _____

If partnership, association or other unincorporated joint business venture, indicate how the Orrville income tax returns will be filed and paid on the net profit. (Check one)

In full by the business _____ Separately by the individual partners _____

If partnership, list the names and addresses of all partners:

Name of accounting firm or individual who will prepare your tax returns: _____

Is your payroll prepared by a payroll service? (ie ADP, Paychex, etc) Yes _____ No _____

If yes, name of service provider: _____

Address to which the following tax forms are to be mailed:

Annual Net Profit Return

Quarterly Withholding Tax Forms

Does the company own the property located at this Orrville address or rent from an individual or other business entity? Own _____ Rent _____ (from) _____

The information hereby submitted is true and correct

Name _____ Date _____ Phone No. _____
(signature)

(printed name and title)

Upon completion of this
questionnaire, mail to:
Orrville Income Tax Dept.
P.O. Box 61
Orrville, OH 44667
or fax to: 330-684-5023