

CITY OF TIPP CITY INCOME TAX QUESTIONNAIRE

PLEASE COMPLETE ALL ITEMS AND RETURN THE QUESTIONNAIRE TO: TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., P.O. BOX 188, TIPP CITY, OH 45371 (937) 667-8426 FAX (937)-667-5816

NAME OF BUSINESS: _____

STREET/CITY/STATE/ZIP ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT) _____

TELEPHONE NUMBER _____ FAX NUMBER _____

CONTACT PERSON _____

TYPE OF ORGANIZATION: PROPRIETORSHIP _____ PARTNERSHIP _____ S-CORP _____
C-CORP _____ LLC _____ LLP _____ ESTATE _____ OTHER (SPECIFY) _____

FEDERAL I.D. NUMBER: _____ IF NONE, THEN

SOCIAL SECURITY NUMBER: _____

ACCOUNTING PERIOD: CALENDAR YEAR _____, OR FISCAL YEAR ENDING _____

DATE STARTED BUSINESS IN TIPP CITY: _____

DO YOU, OR WILL YOU, HAVE EMPLOYEES WORKING IN TIPP CITY ? YES _____ NO _____

ESTIMATED MONTHLY TIPP CITY PAYROLL \$ _____

DO YOU USE A PAYROLL SERVICE? YES _____ NO _____. IF YES, NAME _____

DO YOU USE AN EMPLOYEE LEASING COMPANY, OR PERSONNEL AGENCY? YES _____ NO _____

IF YES, PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER & CONTACT PERSON:

IF YOU ARE A CONTRACTOR _____ OR SUBCONTRACTOR _____, PLEASE SUPPLY THE FOLLOWING INFORMATION:

NAME, ADDRESS & PHONE NUMBER OF PARTY FROM WHOM CONTRACTED OR SUBCONTRACTED: _____

TIPP CITY PROJECT YOU ARE WORKING ON (LOCATION OF JOB): _____

ARE YOU, OR WILL YOU, BE SUBCONTRACTING ANY OF THE WORK TO SOMEONE ELSE?

YES _____ NO _____ IF YES, ATTACH A COMPLETE LIST SHOWING NAMES,

ADDRESSES, CONTACT PERSONS & TELEPHONE NUMBERS OF ALL SUBCONTRACTORS:

