

BUSINESS INCOME TAX QUESTIONNAIRE

City of Tipp City Income Tax Department
260 S. Garber Dr.
Tipp City, OH 45371

Phone: (937) 667-8426

Fax: (937) 667-6734

Please complete all items and return to the address above. Please print legibly.

1. Federal I.D. or Social Security number: _____
2. Company tax filing type:
Sole proprietorship ____ Partnership ____ Corporation ____ S-Corp ____ other (please specify) _____
3. Calendar year ____ or fiscal year ending _____
4. Company / business name: _____
5. Business address: _____

6. Contact person: _____ Telephone: _____
7. Nature of business: _____
8. Billing address: (if different from above) _____

9. Do you have employees? Yes ____ No ____
 - a. If yes, do employees perform work or services in Tipp City? Yes ____ No ____
 - b. Date company began withholding for Tipp City: _____
 - c. Remit monthly ____ or quarterly ____ (monthly remittance required if amount withheld exceeds \$2,399 annually)
 - d. If you are withholding only as a courtesy for those employees who reside in Tipp City, please list name and address of employee(s).

10. Work in Tipp City is: Ongoing ____ Occasional (project specific) ____
 - a. Start date _____ Estimated end date (if project specific) _____
 - b. Name and address of Tipp City jobsite _____

 - c. Number of employees working in Tipp City _____
 - d. Number of subcontractors working in Tipp City _____ (a complete listing of subcontractors names, addresses, Federal I.D. numbers and phone numbers must be provided prior to the beginning of each project. A summary including payments to each subcontractor must be provided at the completion of a specific project or annually if work is ongoing.