

QUESTIONNAIRE
MUNICIPAL INCOME TAX .CITY OF SIDNEY, OHIO

The following information will aid us in preparing forms for your use under the Sidney Income Tax Ordinance A-2 151. Please answer the questions fully and return this Questionnaire to the Department of Taxation & Revenues, 201 West Poplar Street, Sidney, OH 45365. Your compliance with this request within five days will be appreciated.

1. Please check your type of business:

Individual Proprietorship ___ Corporation ___ Partnership – Non-Profit ___ Other ___

2. Federal Identification Number _____ Social Security Number _____

3. Give home address of owner (s) or partners if a partnership.

(A) _____

(B) _____

(C) _____

4. Name of Corporation: _____ Telephone # _____

5. Business Address: _____

6. Mailing Address: _____

7. Are there now or will there be employees subject to Sidney Municipal Tax? Yes ___ No ___

Approximate Number _____

8. Date business activities started in Sidney: _____

9. Nature of Business: _____

10. Accounting Period: Calendar Year ___ Fiscal Year Ending ___ (State Month)

Note: A fiscal year ending can only be used when your accounting period as used on your federal return does not end on December 31.

11. Do you Own ___ Rent ___ Lease ___ your place of business in Sidney?

If rent or lease, from whom?

Name and Address: _____

12. Name and address of person or organization in charge of books or records.

If applicable, please complete the Sub-Contractor Listing of information on the next page.
Thank you for your cooperation. Sidney Income Tax Department Phone 937 498-8111 Fax 937 498-8149

SUB-CONTRACTOR LISTING

Name _____ Name _____

Address _____ Address _____

Soc Sec _____ Soc Sec _____

Amount _____ Amount _____

Name _____ Name _____

Address _____ Address _____

Soc Sec _____ Soc Sec _____

Amount _____ Amount _____

Name _____ Name _____

Address _____ Address _____

Soc Sec _____ Soc Sec _____

Amount _____ Amount _____

Name _____ Name _____

Address _____ Address _____

Soc Sec _____ Soc Sec _____

Amount _____ Amount _____

Name _____ Name _____

Address _____ Address _____

Soc Sec _____ Soc Sec _____

Amount _____ Amount _____

Please attach an additional page if needed.

_____ The above does not apply since no sub-contractors will be used by our company while working within the City of Sidney.

Signed: _____ Date: _____

PLEASE STATE THE ADDRESS LOCATION OF WORK LOCATION WITHIN THE CITY.
