

# NEW BUSINESS QUESTIONNAIRE MUNICIPAL INCOME

CITY OF SIDNEY

Withholding Only \_\_\_\_\_

The following information will aid us in preparing forms for your use under the Sidney Income Tax Ordinance A-2 151. Please answer the question fully and return this Questionnaire to the Department of Taxation & Revenues, 201 West Poplar Street, Sidney Ohio 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 Business \_\_\_\_\_ 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  ; End Month \_\_\_\_\_

Note: A fiscal year can only be used when your accounting period as used on your federal return does not end on December 31<sup>st</sup>.

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

If rent or lease, from whom? Name & Address: \_\_\_\_\_

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

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation. Sidney Income Tax Department  
Phone: 937-498-8111 Fax: 937-498-8149 Email: tax@sidneyoh.com

If Applicable, please complete the Sub-Contractor Listing of information on the next page.

## SUB-CONTRACTOR LISTING

Name \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Please state the address location of work location within the city.

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