

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 31st.

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.

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 _____

Name _____

Address _____

Owner _____

Phone _____

Name _____

Address _____

Owner _____

Phone _____

Name _____

Address _____

Owner _____

Phone _____

Name _____

Address _____

Owner _____

Phone _____

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