

# BUSINESS QUESTIONNAIRE

CITY OF ATHENS  
INCOME TAX DEPARTMENT  
8 EAST WASHINGTON STREET  
ATHENS, OHIO 45701-2496  
(740)-592-3337  
(740)-592-6400 FAX  
WEBSITE: [www.ci.athens.oh.us](http://www.ci.athens.oh.us)

*Please complete and return this form to the above address. Thank you.*

1. Set up account as a:  Sole Proprietorship  Partnership  LLC  
 LLP  Corporation  Subchapter S Corporation  Non-profit Corporation
2. Name and Address Used for Business Purposes:  
Trade Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
Social Security Number (Sole Proprietorship only) \_\_\_\_\_  
Fiscal Year Ending \_\_\_\_\_
3. Will this business file on an existing account(s)?  Yes  No  
If Yes, indicate account name(s) and account number(s): \_\_\_\_\_  
\_\_\_\_\_
4. Nature of business conducted \_\_\_\_\_
5. **Date started in Athens City Limits** \_\_\_\_\_
6. Expected project completion date (if applicable) \_\_\_\_\_
7. Do you employ one or more persons in Athens? \_\_\_\_\_  
If Yes, when did employment begin? \_\_\_\_\_  
If No, do you expect to have employees in Athens in the future? \_\_\_\_\_  
If Yes, when? \_\_\_\_\_
8. Do you at any time during the year employ persons who are subject to Athens Income Tax and from whom you do NOT withhold the City Income

Tax? \_\_\_\_\_ If Yes, please list the names and addresses of those persons or attach a separate list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Address to which tax forms are to be mailed:**

*Send business net profit tax return form to:*

Name \_\_\_\_\_  
Care of \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Send withholding tax form to:*

Name \_\_\_\_\_  
Care of \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. If Subchapter S Corporation, Partnership, Association, or other joint business venture, list names and addresses of shareholders, partners, associates, or member in venture:

	<i>Name</i>	<i>Street Address</i>	<i>City &amp; State</i>	<i>Zip</i>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

11. Please list all CONTRACTORS AND/OR SUBCONTRACTORS:

	<i>Name</i>	<i>Street Address</i>	<i>City &amp; State</i>	<i>Zip</i>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

The information hereby submitted is true and correct.

Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date Signed \_\_\_\_\_