

CITY OF NORWALK, OHIO

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

INCOME TAX DEPT.

Date: _____

Name: _____

Address: _____

City, State, Zip _____

**PLEASE COMPLETE THIS QUESTIONNAIRE
TO AVOID \$25 PENALTY RETURN WITHIN 15 DAYS FROM DATE LISTED ABOVE**

NORWALK INCOME TAX RATE IS 1.50% (See back of this form for more information)

FEDERAL I. D. # _____

Date you started doing business in Norwalk _____

If this is a COURTESY withholding only, please check here _____

If this work is temporary, please give starting and ending dates _____

Nature of business conducted _____

Accounting period used for Federal Taxes Calendar year ending 12/31 _____

Fiscal year ending _____

Do you now employ one or more persons? _____ Do you expect to in the future? _____

Please list the name, address and telephone no. of the contact person who handles your payroll withholding: _____

NOTE: Please list below those names, addresses and social security numbers of those individuals not considered as employees for federal tax purposes but do work for your business in the capacity as for example, contract labor, beauticians paying chair rental, etc. If more space is needed, please attach list.

TYPE OF OWNERSHIP (PLEASE CHECK THE APPROPRIATE LINE)

_____ Individual Proprietorship Owners name, Address and SS# _____

_____ Corporation Name and Address of Corporate Subsidiary _____

_____ Partnership

Will the tax be filed (please check) _____ In full by the business _____ Separately by partners on proportionate shares. **IF FILED SEPARATELY BY PARTNERS, PLEASE LIST:**

Names, Addresses and SS# _____

_____ Non-Profit Organization

Does the business occupy, as a tenant, real property in the City of Norwalk and if so, to whom is rent paid? Please list owner if known, otherwise his agent _____

Please list the correct Name and Address that all tax forms and correspondence should be mailed to:

Norwalk Codified Ordinance requires that any employer who employs within the City one or more persons on a salary, wage, commission or other compensation basis shall deduct at the time of payment of such City Income Tax and shall make a return and pay to the Director of Finance as follows:

- For the three (3) months ended March 31, on or before April 30
- For the three (3) months ended June 30, on or before July 31
- For the three (3) months ended September 30, on or before October 31
- For the three (3) months ended December 31, on or before January 31

The non-filing penalty for not remitting taxes withheld when due is 5% per month or fraction of a month, not to exceed 50% of the tax withheld. Interest and penalty 6.5% (penalty of 5% per month not to exceed 50% of the tax withheld) per month or fraction of a month on any remittance not received or postmarked (US Postal Service) by the due date. You will be mailed the appropriate forms to file and remit the taxes so withheld.

With my signature below, I hereby attest that the information as submitted is true and correct.

Signature _____

Name _____

Address _____

Telephone number _____

Date signed _____