CITY OF TROTWOOD
INCOME TAX SUPPORT SERVICES
4 STRADER DRIVE
TROTWOOD OH 45426-3395
PHONE (937) 837-3415

BUSINESS QUESTIONNAIRE

TROTWOOD
"Together, We Are Building a Bright Community"

Please complete all questions fully. The information below will be used to update information currently on file, or to determine your filing requirements. If you have any questions concerning this form, or about the municipal income tax, please contact our office.

GENERAL/ACCOUNTING INFORMATION

BUSINESS NAME: _____

NATURE OF BUSINESS: _____

TRADE NAME (IF DIFFERENT): _____

HOME OFFICE ADDRESS: _____

PHONE: _____

TROTWOOD LOCATION (IF DIFFERENT): _____

PHONE: _____

DATE EMPLOYEES BEGAN IN TROTWOOD: _____ NUMBER OF EMPLOYEES: _____

ACCOUNTING PERIOD: ☐ Calendar Year or ☐ Fiscal Year (Month Ending: _____)

FEDERAL IDENTIFICATION NUMBER: _____

TYPE OF ORGANIZATION: ☐ Sole Proprietor (List Social Security Number: _____)

☐ Corporation ☐ Partnership ☐ Other:

NAME, ADDRESS AND PHONE NUMBER OF BOOKKEEPER/ACCOUNTANT: _____

_____

NAME AND ADDRESS OF ALL OWNERS, PARTNERS OR PRINCIPAL CORPORATE OFFICERS:

NAME	ADDRESS	SSN	PHONE

CONTRACTOR AND SUBCONTRACTOR INFORMATION

NAME AND ADDRESS OF PARTY FROM WHOM CONTRACTED: _____

_____

LOCATION OF JOB: _____ LENGTH OF JOB: FROM _____ TO _____

ARE YOU OR WILL YOU BE SUBCONTRACTING ANY PORTION OF THE WORK TO SOMEONE ELSE? ☐ Yes ☐ No

If "YES", attach list of names, addresses, type of work, amount paid, location and length of job.

COMPLETED BY _____ TITLE _____ DATE _____