

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 \_\_\_\_\_