



CITY OF DUBLIN

Division of Taxation

BUSINESS QUESTIONNAIRE

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Division of Taxation at (614) 410-4460 or 1-888-490-8154.

Type of Organization: (Please check one)

Federal I.D. No. _____	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>
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Social Security No. _____	Sole Proprietor	<input type="checkbox"/>	LLC	<input type="checkbox"/>
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1. **Local** name and address as used for business purposes:

Business name: _____
 Address: _____
 City/State/Zip: _____
 Telephone No. () _____ Fax No. () _____

2. Description of your primary product or service: _____
 A Standard Industry Code (SIC) Classification: _____

3. What date did your operation begin in Dublin? _____

4. If corporate subsidiary, give name and address of parent company main office:

Name: _____
 Address: _____
 City/State/Zip: _____

5. If Sole proprietorship, give owner's name and address

Name: _____
 Address: _____
 City/State/Zip: _____

6. Name and title of your Chief Executive Officer: _____

7. Please list all names, addresses, and telephone numbers of all partners or principal corporate officers: (attach list if necessary)

Name	Address	Telephone Number
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

8. Accounting period used:

Calendar year ending December 31 Fiscal year ending: _____

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

9. Estimated Annual Payroll: _____ x .02 = _____ (estimated tax withheld)

Filing will be semi monthly (if income tax withheld is more than \$12,000 per year)

Monthly (if income tax withheld is over \$1,200 per year but under \$12,000 per year)

Quarterly (if income tax withheld is less than \$1,200 per year)

10. Please complete the statements below; if applicable:

(A) Number of employees (if sole proprietor do not include yourself)

Full-time: _____ Part-time: _____

(B) Date when employees began working in Dublin _____.

(C) _____ We have no employees working in Dublin. We wish to withhold as a courtesy for employees who live in Dublin starting _____.

11. Do you lease business space from others? If so, to whom is rent paid:

	Name	Address	City/State/Zip	Telephone No.
Owner:	_____	_____	_____	_____
Agent:	_____	_____	_____	_____

12. Send the net profit tax return to (not applicable for Courtesy Withholders):

Business name: _____

Address: _____

City/State/Zip: _____ Telephone No. () _____

13. Send withholding report tax form to:

Business name: _____

Address: _____

City/State/Zip: _____ Telephone No. () _____

14. For Contractors/Sub-Contractors Only:

(A) Are you a general contractor or sub-contractor? _____

(B) Location of current job: _____

(C) Probable length of job: from: _____ to: _____ Estimated cost of job: _____

(D) Will you be doing more than one job in Dublin?

(E) Name and address of party from whom work is contracted:

Name: _____

Address: _____

(F) Will you be sub-contracting any of the work to someone else? If yes, please attach a list with name and addresses.

15. Does your organization use a payroll service? _____ If yes, provide name: _____.

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

Signature: _____ Date: _____

Title: _____

Company: _____

To avoid delays in processing, please check the information given to verify accuracy and detail. Your cooperation is appreciated.

REMIT TO:

CITY OF DUBLIN

P.O. Box 3550, Dublin OH 43016-0274 (614) 410-4460 FAX (614) 923-5543