



# 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 used for official purposes only. 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"/> |
|------------------------|-------------|--------------------------|-------------|--------------------------|------------|--------------------------|

|                           |                 |                          |     |                          |
|---------------------------|-----------------|--------------------------|-----|--------------------------|
| Social Security No. _____ | Sole Proprietor | <input type="checkbox"/> | LLC | <input type="checkbox"/> |
|---------------------------|-----------------|--------------------------|-----|--------------------------|

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: \_\_\_\_\_  
 NAICS Code: \_\_\_\_\_

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 9062, Dublin OH 43017-0962 (614) 410-4460 FAX (614) 923-5543