

**City of Warren, Ohio Income Tax Division
BUSINESS QUESTIONNAIRE**

This Questionnaire must be completed and returned to this office by _____, whether or not there is any liability for Warren City Income Tax (Ordinance 9126/81).

BUSINESS NAME:

ADDRESS:

If all tax is being paid under another name, list name, address and account number below:

1. Date your business started (or will start) in Warren

(If this account is a courtesy withholding for a Warren Resident please indicate that on the above line and proceed to question 4.)

How acquired (Check one)

- New Business
- Purchased
- Reorganization
- Other

List name of former owner, if any, below:

2. List actual Warren Location of your business:

3. Principal business activities: _____

4. Do you have employees? Yes No If yes, how many? _____

Date you first had employees ___ / ___ / ___

Approximate monthly payroll applicable to the City of Warren \$ _____

(You are required to make monthly withholding payments if your liability exceeds \$200.00 per month. The Warren city tax rate is 2.5 %.)

5. Federal Employer Identification Number: _____

6. Account period used: (Check one. If fiscal, write ending date.)

- Calendar year ending December 31
- Fiscal year ending _____

7. State whether business is:

- Individual Proprietorship
- Corporation
- Sub Chapter S Corporation
- Single Member LLC
- Other (state type) _____
- Partnership
- Nonprofit Corporation
- LLC

8. Name, address and Social Security Number(s) of owner, partners or officers (President and Treasurer)

Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Title _____	Title _____
SSN _____	SSN _____

9. Person this office should contact concerning city tax matters. (Do not list outside Accountants.)

Name _____ Phone _____
Fax _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT:

NAME (Type or print) _____

SIGNATURE _____ DATE _____

TITLE _____ PHONE NO. _____

THIS DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES IN ADDRESS, OWNERSHIP, OR TERMINATION OF BUSINESS.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS QUESTIONNAIRE, PLEASE CALL (330) 841-2551 OR FAX US AT (330) 841-2626. ALL FORMS ARE LISTED ON OUR WEB SITE AT www.Warren.org. THANK YOU FOR YOUR COOPERATION.

**CITY OF WARREN, OHIO
INCOME TAX DIVISION
PO BOX 230
WARREN, OHIO 44482**