

CONTRACTOR QUESTIONNAIRE

This Questionnaire must be completed and returned to this office upon receipt, whether or not there is any liability for Warren City Income Tax (Ordinance 9126/81). All contractors must file on any profit or loss derived from work performed in our city.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

1. Date your work will start in Warren _____

*How long do you anticipate working in Warren or how long have you worked in Warren****

2. Name and Address of work location _____

3. Principal Business Activity _____

4. Do you have employees who will be working at the job site? YES or NO (Please circle)

The front page of the federal form filed with the IRS for your company in the prior tax year must be submitted with this Questionnaire*****

(If you do not have any employees and sub out work to other contractors, you must provide our office with a list of subcontractors. You must provide under separate cover their names, addresses and SSN and/or Federal ID Numbers.)

***Will you be using any subcontractors? YES or NO (Please circle)

5. Company Federal Identification Number _____

Please indicate what year end your company is for tax filing purposes. _____

6. State whether your business is:

Individual Proprietorship

Partnership

Corporation

Sub Chapter S Corporation

LLC

Other (state type) _____

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

*****NOTE: It is *required* that you provide a responsible individual's social security number. If you do not provide this number, you will not be granted a city identification number.*****

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Title _____ Title _____

SSN _____ SSN _____

8. Person to contact regarding city tax matters.

(Please do not list outside Accountants.)

Name _____ ☎ Phone Number _____

☎ Office Fax Number _____ ✉ Email _____

I certify that the above information is true and correct:

Names (Type or Print) _____

✍ Signature _____ Date: _____

Title _____ ☎ Phone Number _____

This department must be notified of any changes in address, ownership or termination of business. You must also contact our office with any subcontractor changes.

If you have any questions concerning this matter, please contact our office at (330) 841-2551. Fax Number (330) 841-2626. Thank you for your cooperation.

City of Warren, Ohio
Income Tax Department
P O Box 230
Warren, Ohio 44482

www.warren.org