City of Warren, Ohio Income Tax Division
BUSINESS 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).

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

________________________________
(To set up a Courtesy Withholding account for a Warren resident, proceed to question 4.)

How acquired (Check one)
□ New Business
□ Purchased
□ Reorganization
□ Other

List name of former owner, if any, below:
___________________________________

2. List actual address of your Warren 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 %.)

For ** COURTESY ONLY ** Address of employee:__________________________

**If using a Payroll Service, indicate which one: __________________________

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 □ Partnership
   □ Corporation □ Nonprofit Corporation
   □ Sub Chapter S Corporation □ LLC (Not an individual)
   □ Single Member LLC, filing as an Individual
   □ Other (state type) ______________________________

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- 841-2624 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

2