

**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:

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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**