

**City of Heath
Income Tax Bureau**

BUSINESS QUESTIONNAIRE

Heath City Hall
1287 Hebron Road
Heath, OH 43056
PH (740) 522-3427 ext 3
FAX (740) 522-2105
Hours: 8:30 AM - 4:30 PM

Please Return By: _____

For the purpose of our records, with regard to the City of Heath Income Tax, please complete and return this promptly.

1. Main office – Name and Location:

2. Local or Branch Name and Location:

3. Do you operate any OTHER BUSINESSES within or outside the City of HEATH? _____

If you do, list those located within the city:

	Trade Name	Address	Nature of Business
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

4. Nature of business conducted: _____

5. Date started or acquired in Heath? _____ Local Phone #: _____

6. Name and address of previous owner: _____

7. Accounting period used for Federal Income Tax Purposes Calendar Year ending December 31st.
(Check which – if Fiscal Year, write in ending date) Fiscal Year Ending _____

8. Who prepares your Financial Statements and Tax Returns? _____

9. Do you now employ one or more persons in Heath? _____

10. Do you expect to have employees in the future? _____

11. Do you at any time during the year employ persons who are subject to the HEATH Income Tax and from whom you do not withhold the City Tax? _____ Attach list of such persons, showing names and addresses.

CONTRACTORS – Attach list of subcontractors.

12. Type of ownership – check type: Individual Proprietorship Corporation Partnership
Non-profit Corporation Association Other (write in) _____

13. FID# or SOCIAL SECURITY # _____

14. Address to which tax forms are to be mailed

Send Business Net Profit Tax Return Forms to:
Name _____
C/O _____
Street Address _____
City _____ State _____ Zip _____

Send Withholding Report Tax Forms to:
Name _____
C/O _____
Street Address _____
City _____ State _____ Zip _____

Note: If all forms go to same address, complete left side only, and write "Same" across face of right side.

15. Owner's name and address:

(a) If individual proprietorship, give Owner's name and address:

Name _____
Street Address _____
City _____ State _____ Zip _____

(b) If corporate subsidiary, give name and address of parent company main office:

Name _____
Street Address _____
City _____ State _____ Zip _____

(c) If partnership, association or other unincorporated joint business venture, list names and addresses of partners, associates or members in venture.

	Name	Address	City	State
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

16. With reference to real estate properties (land and building) located WITHIN THE CITY OF HEATH:

(a) Does the business occupy, as tenant, real property in HEATH rented FROM Others? _____

If so, to whom is rent paid? (Give owner if known, otherwise his agent.)

	Name	Address	City	State
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

17. If place of business is outside HEATH do you have earnings resulting from activity in HEATH? _____

SUPPLEMENTARY INFORMATION

The information hereby submitted, including any accompanying lists and statements, is true and correct. Signature required.

Date Signed _____

Phone Number _____

Extension Number _____

Questionnaire Prepared by: _____

Name (if individual) _____

Company _____

By _____ Title _____

Address _____

City _____ State _____ Zip _____

Note: Throughout this questionnaire, wherever listings are requested, attach separate lists if sufficient spaces have not been provided.