

**INCOME TAX BUREAU
VILLAGE OF MT. ORAB
P.O. BOX 268**

PHONE: (937) 444-2945

MT ORAB, OH 45154

FAX: (937) 444-9241

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

Application for: Withholding Account Only Net Profit Account Only Both Accounts

Name of Business: _____

Business Owners(s) Name(s): _____

FID/Social Security Number _____

Local Mailing Address: _____ P.O. Box _____

Home Office Mailing Address _____ P.O. Box _____
(if different)

Business Location(s) Inside Mt. Orab Outside Mt. Orab Both

Trade Name (DBA) (if different) _____

Phone Number: _____ Fax Number: _____

Contact Person/Title: _____ Email Address: _____

Date Began Operations or Withholdings in/for Mt. Orab: _____

Type of Ownership: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP SUB. S CORP.
 LTD LIABILITY NON-PROFIT GOVERNMENT AGENCY OTHER: _____

Number of Employees Currently : Working in Mt. Orab _____ Residing in Mt. Orab _____

Method of Filing Withholding Taxes: Monthly (Mandatory if monthly payroll is \$6,500 or more) Quarterly

Will a payroll company be filing the company's withholding taxes? Yes No

If Yes, what is the name of the company? _____

Do you plan to remit payments and/or reports via the Ohio Business Gateway? Yes No

If you need assistance in using the Ohio Business Gateway, contact our office.

Accounting Period: Calendar Year: or Fiscal Year ending: _____

Do You Use Subcontractors? Yes No If Yes, list the name, address Federal ID/Social Security number on a separate sheet

If Your Business is Located Inside Mt. Orab, Do You Own the Property Where Your Business is Located? Yes No NA

If No, give name and address of landlord

Landlord Owner Name/Address: _____

I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the Mt. Orab Income Tax Ordinance.

Signed: _____ Title: _____ Date: _____