

# BARNESVILLE INCOME TAX

P.O. Box 190  
Barnesville, Ohio 43713  
(740) 425-3444

## BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Village of Barnesville Income Tax, please promptly complete and return this Questionnaire in the furnished self-addressed envelope.

1. Local name and address as used for business purposes:

Name \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

2. Nature of business conducted \_\_\_\_\_

3. Accounting period used for Federal Income Tax purposes:  Calendar Year ending December 31  
 Fiscal Year Ending Date \_\_\_\_\_

4. Do you now employ one or more persons? \_\_\_\_\_

NOTE: You may have persons in your employ who are subject to Village of Barnesville Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer/employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

5. Do you at any time during the year employ persons WHO ARE SUBJECT TO VILLAGE OF BARNESVILLE INCOME TAX and from whom you do NOT withhold the Village Income Tax? \_\_\_\_\_ ATTACH LIST OF SUCH PERSONS, showing names and addresses.

6. Type of ownership—please check:

Individual Proprietorship     Corporation     Partnership     Non-Profit Corporation

7. If partnership, indicate HOW the Village of Barnesville Income Tax Return, upon the net profit, will be filed and paid. Check which:  
(a) in full by the business \_\_\_\_\_; or    (b) Separately by the individual partners on proportionate shares \_\_\_\_\_

8. Address to which tax forms are to be mailed:

Send **Business Net Profit Tax Return Form** to:

Send **Withholding Report Tax Form** to:

Name \_\_\_\_\_

Name \_\_\_\_\_

Care of \_\_\_\_\_

Care of \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)**

9. Owner's name and address:

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) If partnership, list name and address of partners if, under Item 7 (b) on reverse side, the partners elect to pay tax on proportionate shares:

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

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

10. With reference to real estate properties located WITHIN the Village of Barnesville:

(a) Does the business occupy, as tenant, real property in Village of Barnesville rented FROM others? \_\_\_\_\_  
If so, to who is rent paid? (Give owner, if known, otherwise his agent.)

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

SUPPLEMENTAL INFORMATION

I declare that the above information is correct.

(Signature of Firm or person, other than taxpayer, preparing return)

Date

(Signature of Taxpayer)

Date