

OFFICE USE ONLY		
A/C#	N/P	W/H
Date _____		
Source 12 OR 4		

CITY of ZANESVILLE
INCOME TAX DEPARTMENT
401 MARKET STREET
ZANESVILLE, OHIO 43701
BUSINESS QUESTIONNAIRE

**FOR THE PURPOSE OF OUR RECORDS, WITH REGARD TO THE CITY OF ZANESVILLE INCOME TAX,
 PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE PROMPTLY IN OUR SELF-ADDRESS ENVELOPE.**

1. Federal ID Number _____ And/Or Social Security Number _____

2. Trade Name _____

3. Address: _____

LOCAL LOCATION	MAIN OFFICE
Contact _____	Contact _____
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone _____	Phone _____

4. Address You Wish Tax Forms Sent If Different Than Above Address

BUSINESS	WITHHOLDING
Name _____	Name _____
Contact _____	Contact _____
Street _____	Street _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

5. Date Started Or Acquired: _____

6. Account Period: Calendar Year _____ Fiscal Date: From _____ To _____

7. Nature Of Business _____

8. Previous Owner: (If Applies)

Name _____
 Address _____

9. Who Prepares Your Financial Statements & Tax Returns _____

10. Parent Name (If Company A Subsidiary) _____
 Address _____

11. Landlord (If Company Is A Tenant In Zanesville) Name _____

12. Do You Employ One Or More Persons Now Or Expect To In The Future? Yes _____ No _____

13. Number Of Employees _____

14. Are You A Company Outside Our City Limits That Only Withholds Because Some Employees Reside In
 Zanesville? _____