

Business and Professional Questionnaire
City of Defiance, OH – Income Tax Department
P.O. Box 669 – 324 Perry St. Defiance, OH 43512
Phone: 419-784-2117 Fax: 419-784-4858

For the purpose of setting up accurate records with regard to the Defiance City Income Tax, answer all questions completely. Type or print plainly and return promptly. Any change in the future must be reported to the Defiance City Income Tax Department.

Name: SSN or FID#.....

Address: Ph #.....

Is the above address a Main Office Or Branch Office? (Mark appropriate line.)
If Branch Office, give name and address of Main Office.

Name:.....Address.....

City.....State.....Zip.....

Nature of business conducted:.....

Date business activity began in Defiance.....

Address of job site in Defiance.....

Do you employ one or more persons?YesNo
If no, do you expect to have employees?YesNo

Type of ownership:Individual ProprietorshipCorporation
.....PartnershipAssociation
.....Non-Profit CorporationNon-Profit Association

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

Name.....Address.....

City.....State.....Zip.....

If a corporation, give name and title of person having custody of books:

Name.....Title.....

If a partnership, association, or other unincorporated business, list names and addresses of partners, associates, or members: (Attach list if more space is required.)

Name.....Address.....

Name.....Address.....

Name.....Address.....

Accounting period used for Federal Income Tax purposes:

.....Calendar year ending December 31Fiscal year ending.....

Address to which tax forms are to be mailed:

Business net profit return forms:

Name.....

C/o.....

Address.....

City.....State.....Zip.....

Withholding tax forms:

Name.....

C/o.....

Address.....

City.....State.....Zip.....

Does the business rent, as tenant, real property in Defiance from others?Yes.....No

If yes, to whom is rent paid?

Owner's name.....Address.....

City.....State.....Zip.....

Does the business rent or lease furniture, fixtures, equipment, or machinery from others for use in Defiance?YesNo If yes, to whom is rent paid?

Owner's name.....Address.....

City.....State.....Zip.....

If your business is that of a contractor, do you sub-contract within the City of Defiance?

.....YesNo If yes, attach a schedule showing name and addresses of all sub-contractors and state the nature of the activity or service to be performed by each.

****ANYONE FAILING TO FILE THIS RETURN OR KNOWINGLY GIVING FALSE INFORMATION ON THIS RETURN, IS SUBJECT TO A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR IMPRISONED FOR NOT MORE THAN SIX (6) MONTHS, OR BOTH.**

Print name.....Title.....

Signature.....Date.....