HOURS: 8:00 - 4:30 Monday thru Friday

## City of Canton INCOME TAX DEPARTMENT

P.O. BOX 8876 • 424 MARKET N., CANTON, OHIO 44711 • PHONE (330) 430-7900

## **Business & Corporation Information Sheet**

Division of Compliance

Owner's Name				Telephone Number					
Owner's Address	cial Security Number								
City		State	-	Zip					
Business Name		FID. Number (if corporation)							
Business Address	at the state of th		Busines	ss Phone					
City		State		Zip					
Nature of Business		· · · · · · · · · · · · · · · · · · ·					•		
If Subsidiary, List Name of Parer	nt Co								
Type of Ownership (Please Circl Sole Proprietorsh		Not-For-Pro	fit Corp	Corpo	ration	Assoc	iation		
Will Your Business Have Emplo	yees? Yes	No		Contract	Workers?	Yes		No	
Date Started or Moved to Canton	or Date Business	Activity Begar	n in Canto	n					
If partnership, association or other associates or members in venture	er unincorporated jo on back of form.	oint business v If partnersh	renture, pl ip, will pa	lease list	names and a e separately	ddress (	of all pa	artners, No	
Accounting Period Used for Fede		rpose: Ending Dec 3	3 <b>1</b>	Fiscal Ye	ar Ending _				
Accountant's Name	Address		City		State		Zip		
If you operate any other business	within or outside t	he city of Can	ton, pleas	e list belo	ow.				
Do you pay rent on any offices or	buildings in Canto	on? Yes		No					
If yes, please list name(s) & addr	oca(ca) of landland	Name	e		Addre	SS		City	
II yes, please list haine(s) & addr	coo(co) of faminioin	(a)							



Address where tax fo	rms and other correspondence are to	be mailed		
Name				
Care of		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Address				
City	State	Zip	· · · · · · · · · · · · · · · · · · ·	
	Partners, Associates or I	Members in Joint Ve	enture	
Name	Address	<u>City</u>	<u>State</u>	Soc Sec #
•				
			· ·	The state of the s
		•		
				· · · · · · · · · · · · · · · · · · ·
	Other B	usinesses		
Ducinosa Nomo	A ddwood	N	ature of Business	
Business Name	<u>Address</u>	13	ature of business	
			·	
	A second			
Under penalties of perjurknowledge and belief, the	y, I declare that I have examined this ques information provided herewith is true, co	tionnaire and accompanying crect, and complete.	documents, and, to the	best of my
Signature	Tit	le	Date	