

# BARCODE LABEL

## BUSINESS QUESTIONNAIRE

INCOME TAX DIVISION  
1 Cascade Plaza - 11th Floor  
Akron, OH 44308 -1100  
(330) 375-2290 Fax (330) 375-2112



The following information is necessary for us to update your income tax records with the City of Akron. If additional space is needed, use the back of this form. PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

### TAX OFFICE USE ONLY

Date issued \_\_\_\_\_  
Agent/Auditor \_\_\_\_\_  
Account No. \_\_\_\_\_  
Akron Dist \_\_\_\_\_ Ind Code \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(MAILING ADDRESS FOR TAX PURPOSES)

BEGINNING DATE OF AKRON ACTIVITY \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

AKRON ADDRESS \_\_\_\_\_

AKRON TELEPHONE # \_\_\_\_\_ IS AKRON: THE HOME OFFICE? \_\_\_\_\_ A BRANCH OFFICE? \_\_\_\_\_

If there is no Akron address, are any net profits attributable to Akron? YES \_\_\_\_\_ NO \_\_\_\_\_

TRADE NAME (if any) \_\_\_\_\_

FED ID # \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

TYPE OF ORGANIZATION :	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S Corp	<input type="checkbox"/> C Corp	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
------------------------	--	---------------------------------	---------------------------------	--------------------------------------	------------------------------

OWNERS NAME	ADDRESS	SOC	SEC	NUMBER

NUMBER OF EMPLOYEES WORKING IN AKRON \_\_\_\_\_ DATE FIRST EMPLOYEE WAS HIRED \_\_\_\_\_

ACCOUNTING PERIOD USED: CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_ (Fiscal Year Ending \_\_\_\_\_)

Do you own rental property in Akron? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, we will send you a rental questionnaire upon receipt of this form.)

Do you operate more than one place of business in Akron? YES \_\_\_\_\_ NO \_\_\_\_\_

Address \_\_\_\_\_ Trade Name \_\_\_\_\_  
Address \_\_\_\_\_ Trade Name \_\_\_\_\_

IF CURRENT BUSINESS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPLETE THE FOLLOWING:

Name/s of previous owner/s and trade name, if any \_\_\_\_\_

Mailing Address \_\_\_\_\_

Former Business Type : Sole Proprietorship \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

Under penalties of perjury, I certify that all information and statements herein are true and correct.

Print Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_