

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 : Sole Proprietorship S Corp C Corp Partnership 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 _____