# CITY OF WILLARD, OHIO

Income Tax Department

631 Myrtle Ave. PO Box 367

Willard, Ohio 44890

Phone: 419- 933-7808 Fax: 419-933-4545

ameyer@willardohio.gov

 **Account No.\_\_\_\_\_\_\_\_**

## Business and Professional Questionnaire

**1. Name and address of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Federal ID or Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Date work began in Willard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Nature of business conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Accounting period used: Calendar Year Ending December 31**

* **Fiscal Year Ending \_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Do you have employees? \_\_\_\_\_\_\_\_\_**

**7. If not, do you expect future employees? \_\_\_\_\_\_\_\_\_**

**8. Is this a Courtesy Only/Resident Withholding Account? \_\_\_\_\_\_\_\_\_**

**9. Attach list showing names and addresses for anyone you employ but do not withhold Willard city tax.**

**10. Type of ownership: (Sole Proprietorship, Partnership, Corporation, etc.)**

 **If partnership, list names and addresses of partners:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Name and address to which tax forms are to be mailed:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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