

BUSINESS QUESTIONNAIRE—CITY OF STRUTHERS DEPARTMENT OF TAXATION
6 ELM STREET STRUTHERS, OHIO 44471 (330)755-2181Tel
(330)755-2916 Fax

*** DATE HERE ***

*ACCT# HERE *

FOR THE PURPOSE OF UPDATING THE FILES OF THE CITY OF STRUTHERS DEPARTMENT OF TAXATION, PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE PROMPTLY. THANK YOU.

PLEASE PRINT YOUR COMPANY NAME AND ADDRESS IN THIS BOX

HAVE YOU FILED CITY OF STRUTHERS TAX RETURNS BEFORE? _____

IF YES: NAME USED _____
ADDRESS _____
FED I.D. _____

TRADE NAME: _____

ADDRESS : _____ ZIP: _____

NATURE OF BUSINESS: _____

DATE BUSINESS STARTED IN STRUTHERS: _____

DO YOU HAVE ONE OR MORE EMPLOYEES: _____ DO YOU EXPECT TO HAVE EMPLOYEES IN THE NEAR FUTURE: _____

TYPE OF OWNERSHIP: INDIVIDUAL PROPRIETORSHIP _____
PARTNERSHIP _____
CORPORATION _____
OTHER: _____

IN THE NATURE OF YOUR BUSINESS DO YOU HIRE SUB-CONTRACTORS: _____

DOES YOUR BUSINESS RENT REAL PROPERTY FROM OTHERS: _____
IF YES, FROM WHOM: NAME : _____
ADDRESS: _____

DO YOU RENT ANY PART OF YOUR PROPERTY FOR WHICH YOU ARE PAID RENT
IF YES, TO WHOM: NAME : _____
ADDRESS: _____
CITY/STATE/ZIP: _____

ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:
SIGNED: _____

QUESTIONNAIRE PREPARED BY : _____
TITLE: _____
PHONE NUMBER: _____