City Of Alliance, Ohio
INCOME TAX DEPT.
BUSINESS QUESTIONNAIRE

1. Name of Business _____

   Location _____

   Mailing Address _____

2. Type Of Ownership : ( ) Individual Proprietorship ( ) Corporation ( ) Partnership
   ( ) Sub Chapter S ( ) Non - Profit ( ) Association

3. Social Security No. _____ Fed. ID No. _____

4. Nature of Business _____

5. Name/Address Previous Owner _____

6. Date Started or Acquired Business In Alliance _____

7. Accounting Period For Federal Income Tax Purposes :

   ( ) Calendar Year Ending December 31 ( ) Fiscal Year Ending _____

8. Name of Accounting Firm/Individual Who Prepares Your Tax Returns _____

9. Is The Above Address Main Office or Branch ? _____

10 Do You Employ One or More Persons Now or Expect To In The Furture ? _____

   Number Of Employees Working In Alliance _____

11. **Address To Which Tax Forms Are To Be Mailed :**

   Business Net Profit :

   Name _____

   C/O _____

   Add. _____

   City _____

   State _____ Zip _____

   Employee Withholding Tax :

   Name _____

   C/O _____

   Add. _____

   City _____

   State _____ Zip _____

12. Owners Name and Address :

   Proprietorship :

   Name _____

   Add. _____

   City _____

   State _____ Zip _____

   Corporation Subsidiary -
   Give Parent Company Name :

   Name _____

   Add. _____

   City _____

   State _____ Zip _____

   Partnership :

   Name _____ Address _____

   Name _____ Address _____

   Name _____ Address _____

13. Do You Operate Any Other Businesses Within or Outside Of Alliance ?

   List : _____

14. Landloard or Payee ? If Your Company Is A Tenant In Alliance : _____

15. Additional Information : _____

   _____

   _____

The Information Hereby Submitted, Including Any Accompanying Lists And Statements, Is True And Correct.

Signature _____ Date _____ Phone # _____