

**VANDALIA – BROOKVILLE
 BUTLER TOWNSHIP JEDD – BUTLER TOWNSHIP JEDZ
 OFFICIAL INCOME TAX BUSINESS QUESTIONNAIRE**

City of Vandalia Income Tax Office
 P.O. Box 727
 Vandalia, OH 45377-0727

PLEASE COMPLETE AND RETURN THIS FORM WITHIN FIFTEEN (15) DAYS - DO NOT DISREGARD

The information requested on this form is essential for the completion of our records and will be kept confidential.

Check locality as needed: __Vandalia __Brookville __Butler Twp JEDD __Butler Twp JEDZ

(PLEASE PRINT OR TYPE)

Federal I.D. Number:

1. Name of Company:

Trade Name (if different):

Location of work site in City/JEDD/JEDZ:

Mailing Address (if different):

2. Nature of Business:

3. Date business or contract began in city:

Is your business withholding as a courtesy to your resident employees only? Yes No

(If yes, please complete question 9, sign the bottom of page 2, and return the questionnaire to our office.)

4. Accounting period (Check one): Calendar Year Fiscal Year Ending: _____

5. Type of Organization (Check one):
 Sole Proprietor Corporation Partnership LLC Other _____

6. Do you now employ one or more persons? Yes No

If yes, how many? _____ Date employees began working in City/JEDD/JEDZ: _____

If no, will you have employees in the future? Yes No Date employees will begin: _____

Note: Withholding payments must be remitted monthly unless quarterly filing is requested in writing and approved by the Tax Commissioner.

7. Does your business occupy, as a tenant, real property in City/JEDD/JEDZ? Yes No

If yes, give name and address to whom rent is paid. (Owner or Owner's Agent)

Name	Address	City/State	Zip

8. Does your business have persons in your employ at any time during the year that are subject to the Local Income Tax but from whom you are not required to withhold?

(For example: Contract labor, Contractors, Subcontractors) Yes No

If yes, attach a list providing name(s) and address(es).

9. Whom should the Tax Office contact about Local Tax Withholdings?

Name:

Telephone No.:

10. Whom should the Tax Office contact about Corporate Income Tax?

Name:

Telephone No.:

11. If Sole Proprietor, complete the following:

Owner's Name:

Social Security No.:

Owner's Address:

12. If Corporation, list names and addresses of all principal corporate officers:

Name	Address

13. If Partnership, Association or other Unincorporated Joint Business Venture, list names and addresses of partners, associates or members:

Name	Address

14. If Contractor or Subcontractor, list names and addresses of parties from whom contracted or subcontracted:

Name	Address

Location of job:

Probable length of job: From: _____ To: _____

Are you now or will you be doing more than one job in the City/JEDD/JEDZ? Yes No

The information hereby submitted is true, correct, and complete to the best of my knowledge.

Name (please print):

Company:

Signature:

Date:

Title:

Phone:

Email Address:

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE COMPLETING THIS FORM,
PLEASE CONTACT THE VANDALIA TAX OFFICE AT (937) 415-2240.
Please mail, fax or e-mail this completed form to:**

City of Vandalia Income Tax Office

P.O. Box 727

Vandalia, OH 45377

Fax Number: (937) 415-2361

E-mail: tax@vandaliaohio.org