

OFFICE USE ONLY		
A/C# _____	N/P _____	W/H _____
Date _____		
Source _____		
12 OR 4 _____		

**CITY of ZANESVILLE  
INCOME TAX DEPARTMENT  
401 MARKET STREET  
ZANESVILLE, OHIO 43701  
BUSINESS QUESTIONNAIRE**

**FOR THE PURPOSE OF OUR RECORDS, WITH REGARD TO THE CITY OF ZANESVILLE INCOME TAX,  
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE PROMPTLY IN OUR SELF-ADDRESS ENVELOPE.**

1. Federal ID Number \_\_\_\_\_ And/Or Social Security Number \_\_\_\_\_

2. Trade Name \_\_\_\_\_

3. Address: \_\_\_\_\_

<u>LOCAL LOCATION</u>		<u>MAIN OFFICE</u>	
Contact _____	_____	Contact _____	_____
Street _____	_____	Street _____	_____
City _____	_____	City _____	_____
State _____ Zip Code _____	_____	State _____ Zip Code _____	_____
Phone _____	_____	Phone _____	_____

4. Address You Wish Tax Forms Sent If Different Than Above Address

<u>BUSINESS</u>		<u>WITHHOLDING</u>	
Name _____	_____	Name _____	_____
Contact _____	_____	Contact _____	_____
Street _____	_____	Street _____	_____
City _____	_____	City _____	_____
State _____ Zip Code _____	_____	State _____ Zip Code _____	_____

5. Date Started Or Acquired: \_\_\_\_\_

6. Account Period: Calendar Year \_\_\_\_\_ Fiscal Date: From \_\_\_\_\_ To \_\_\_\_\_

7. Nature Of Business \_\_\_\_\_

8. Previous Owner: (If Applies)

Name \_\_\_\_\_

Address \_\_\_\_\_

9. Who Prepares Your Financial Statements & Tax Returns \_\_\_\_\_

10. Parent Name (If Company A Subsidiary) \_\_\_\_\_

Address \_\_\_\_\_

11. Landlord (If Company Is A Tenant In Zanesville) Name \_\_\_\_\_

12. Do You Employ One Or More Persons Now Or Expect To In The Future? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Number Of Employees \_\_\_\_\_

14. Are You A Company Outside Our City Limits That Only Withholds Because Some Employees Reside In  
Zanesville? \_\_\_\_\_