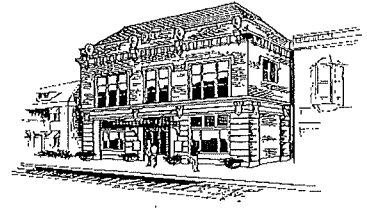


Village of Loudonville

Department of Income Tax



P.O. Box 115
156 North Water Street
Loudonville, Ohio 44842
(419) 994-3282
FAX: (419) 994-3213

Business and Professional Questionnaire

For the purpose of our records, with regard to Loudonville Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

Trade Name _____ Fed. I.D. # _____

Location in Loudonville _____ Date Started in Loudonville _____

2. Nature of business conducted _____

3. Accounting period used for Federal Income Tax purposes: ☐ Calendar Year ending December 31
(Check which - if Fiscal Year, write in ending date) ☐ Fiscal Year ending _____

4. Do you now employ one or more persons in Loudonville? _____

5. Do you expect to have employees in the future? ☐ Yes ☐ No When? _____

Note: You may have persons in your employ who are subject to Loudonville Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer-employee relationships do not exist as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

6. Do you at any time during the year employ persons WHO ARE SUBJECT TO LOUDONVILLE INCOME TAX and from whom you do NOT withhold Village Income Tax? ☐ Yes ☐ No — ATTACH LIST OF SUCH PERSONS, showing name, address and social security number.

7. Type of ownership - check which:

Individual Proprietorship ☐; Corporation ☐; Partnership ☐; Non-profit Corporation ☐; Sub S Corporation ☐

8. If partnership, association or other unincorporated joint business venture, indicate HOW the Loudonville Income Tax Return, upon the net profit, will be filed and paid. Check which:

(a) in full by the business ☐; or (b) Separately by the individual members on proportionate shares ☐

9. Address to which tax forms are to be mailed: Contact Person _____ Phone _____

Send Business Net Profit Tax Return Form To:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

Send Withholding Report Tax Form To:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

NOTE: If all forms go to same address, complete left side only and write "Same" across face of right side.

10. Owner's name and address.

(a) If individual proprietorship, give owner's name, social security number and address:

Name _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____

(b) If corporate subsidiary, give name and address of parent company main office:

Name _____

Federal I.D. Number _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____

(c) If partnership, association, or other unincorporated joint business venture, list names and address of partners, associates, or members in venture.

	Name	Soc. Sec. or Fed. I.D. No.	Street Address	City	State
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____

NOTE: Throughout this questionnaire wherever listings are requested - Attach separate lists if sufficient spaces have not been provided.

11. With reference to real estate properties located WITHIN The Village of Loudonville:

(a) Does the business occupy, as tenant, real property in Loudonville rented FROM others? — If so, to whom is rent paid? (Give owner, if known, otherwise his agent.)

	Name	Soc. Sec. or Fed. I.D. No.	Street Address	City	State
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

Do you operate any OTHER BUSINESS within or outside of the Village of Loudonville?

NOTE: Other Business includes Rental Properties rented TO others.

If you do, list those located WITHIN the village:

(1) _____

(2) _____

If you do, list those located OUTSIDE the village:

(1) _____

(2) _____

12. If place of business is outside Loudonville, do you have earnings resulting from activity in Loudonville? ☐ Yes ☐ No

Supplemental Information

The information hereby submitted is true and correct. — Signature: _____

Name (if individual) _____ Name _____

Date Signed _____ Care of _____

Your Phone No. _____ Ext. _____ Street Address _____

City _____ State _____ Zip _____

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly.

THANK YOU.