

**CITY OF CHILlicothe  
INCOME TAX DEPARTMENT**

*The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this questionnaire and return within 15 days. If you have any questions, please contact the Chillicothe Income Tax Department at (740) 773-1161.*

**BUSINESS  
& PROFESSIONAL  
QUESTIONNAIRE** City Tax ID # \_\_\_\_\_

**TYPE OF ORGANIZATION:** (Please check one)

Corporation       Partnership       Non-Profit Corporation       Sole Proprietorship

FEDERAL I.D. NO: \_\_\_\_\_ (or) SOCIAL SECURITY NO: \_\_\_\_\_

**If partnership or other unincorporated joint business venture, indicate how the Chillicothe Income Tax Return, upon the net profit, will be filed and paid. Check which:**

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**2. Description of your primary product or service:** \_\_\_\_\_

**3. What date did your operation begin in Chillicothe?** \_\_\_\_\_

**4. If corporate subsidiary, give names and address of parent company main office:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**5. If sole proprietorship, give name and address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**6. If partnership or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture: (Attach list if sufficient space has not been provided)**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
(A) _____	_____	_____
(B) _____	_____	_____
(C) _____	_____	_____

**7. Accounting period used:**     Calendar year ending December 31     Fiscal year ending \_\_\_\_\_

**8. Please complete the appropriate statement:**

(A) Number of employees (*sole proprietor do not include yourself*)  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ No Employees \_\_\_\_\_

(B) Date when employees began working in Chillicothe: \_\_\_\_\_

9. **Estimated annual payroll** \_\_\_\_\_ x 1.6% = \_\_\_\_\_ (estimated tax withheld) Filing will be:

Monthly (if income tax withheld is over \$1200.00 per year)

Quarterly (if income tax withheld is less \$1200.00 per year)

10. **Do you lease business space from others? If so, to whom is the rent paid:**  
(Give owner if known, otherwise representative agent)

NAME

ADDRESS

CITY/STATE/ZIP

(A) \_\_\_\_\_  
(B) \_\_\_\_\_  
(C) \_\_\_\_\_

11. **Send the net profit tax return to:**

Name: \_\_\_\_\_

Care of : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

12. **Send withholding report tax form to:**

Name: \_\_\_\_\_

Care of : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

13. **Do you also conduct business, as named in question 1, from OTHER LOCATIONS within the City of Chillicothe? (Attach list if sufficient space has not been provided)**

Yes  No If yes, please list other locations within provided Chillicothe: \_\_\_\_\_

14. **Do you operate any OTHER BUSINESSES within the City of Chillicothe?**

Yes  No If yes, please list other businesses within provided Chillicothe: \_\_\_\_\_

15. **FOR CONTRACTORS / SUB-CONTRACTORS ONLY:**

(A) Are you a general contractor of sub-contractor? \_\_\_\_\_

(B) Location of current job: \_\_\_\_\_

(C) Probable length of job: From \_\_\_\_\_ to \_\_\_\_\_ Estimated cost of job \_\_\_\_\_

(D) Will you be doing more than one job in Chillicothe? \_\_\_\_\_

(E) Name and address of party from whom work is contracted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(F) Will you be sub-contracting any of the work to someone else? If yes, please attach a list with names and addresses.

**THE INFORMATION HERBY SUBMITTED IS TRUE AND CORRECT:**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

*Remit to:*

**CITY OF CHILLICOTHE, P.O. BOX 457, CHILLICOTHE, OH 45601 FAX (740) 773-4535**