

**City of Wauseon**  
**Income Tax Department**

230 Clinton Street • Wauseon, OH 43567-1198  
Phone (419) 335-1171 • Fax (419) 335-0063

**Business Questionnaire**

Date \_\_\_\_\_

The information required on this form is essential to the completion of our records and will be held in strict confidence, as authorized by Tax Ordinance 1970-14. If a subpoena is issued for compliance, a penalty of \$25 will be assessed. Please complete the necessary information and return within the next 10 days, return envelope enclosed.

Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_ SSN: \_\_\_\_\_

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

Physical Address (if different): \_\_\_\_\_

Nature of Business Conducted: \_\_\_\_\_ Date started in Wauseon: \_\_\_\_\_

Entity Type:     Corporation             LLC             Sole Proprietorship  
                   S Corp                 Partnership         Non-Profit  
                   Govern                 Other (Describe): \_\_\_\_\_

**Withholding Information**

Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Withholding start date: \_\_\_\_\_

Number of employees working within Wauseon? \_\_\_\_\_

Is this account for courtesy withholding for Wauseon residents? Y  
or N

**Net Profit Information**

Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting Period \_\_\_\_\_

Fiscal Year End \_\_\_\_\_

If entity is a partnership, will partnership pay taxes on  
partner's behalf? Y or N

List all partner's names and addresses on the back of  
this form.

**With reference to real estate properties located within the City of Wauseon:**

Does the business occupy, as a tenant, real property within the City of Wauseon owned by others, if yes who?

Owner: \_\_\_\_\_ Location: \_\_\_\_\_

Owner FEIN: \_\_\_\_\_

**The codified tax ordinance of the City of Wauseon requires a listing of all sub-contractors working within the city. List all sub-contractors applicable to work performed within the City of Wauseon. Use the back of this form if necessary.**

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

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

FEIN: \_\_\_\_\_

Amount paid: \_\_\_\_\_

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

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

FEIN: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_