

City of Piqua Income Tax Questionnaire

The following information will aid us in preparing forms for your use under the Piqua Income Tax Ordinance. Please answer all questions fully and return this form to help ensure the proper establishment of your city income tax account.

Federal Identification No. _____

1. Name of business _____
Business _____ Business _____
Telephone _____ Fax _____

2. Please check the type of your business:
____ Individual/Proprietorship ____ Corporation ____ Partnership
____ Non-Profit Organization ____ Association ____ Other _____

3. Give Social Security number, home address, and home phone number of owner(s), officers, or all partners, if a partnership exists:
Name Social Security # Address Phone
(A) _____
(B) _____
(C) _____

4. Business Address _____

5. Name of officer, primary or owner _____
Mailing Address _____

6. Trade name (if any) _____

7. Are there now, or will there be employees subject to City of Piqua income tax?
____ No ____ Yes Approximate Number _____

8. Date business activities started in Piqua _____

9. Please check type of business activity: ____ Manufacturing ____ Service
____ Retail Sales ____ Construction ____ Financial/Insurance/Realty

10. Accounting period: ____ Calendar Year ____ Fiscal Year Ending _____

11. Do you ____ Own ____ Rent ____ Lease your place of buiness in Piqua?
If you rent or lease, from whom?
Name _____
Address _____

12. Name and address of person or organization in charge of books or records:
Name _____
Address _____

Thank you for your cooperation.

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