

| 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: \_\_\_\_\_

|                              |       |                            |       |
|------------------------------|-------|----------------------------|-------|
| <b><u>LOCAL LOCATION</u></b> |       | <b><u>MAIN OFFICE</u></b>  |       |
| 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 \_\_\_\_\_

|                            |       |                            |       |
|----------------------------|-------|----------------------------|-------|
| <b><u>BUSINESS</u></b>     |       | <b><u>WITHHOLDING</u></b>  |       |
| 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? \_\_\_\_\_