

City of Englewood Income Tax Department
333 W National Rd, Englewood OH 45322
Phone (937) 836-5106 Fax (937) 771-2891
Email: tax@englewood.oh.us
Website: www.englewood.oh.us

BUSINESS QUESTIONNAIRE

ENGLEWOOD TAX RATE 1.75%

The following information is required to properly establish your City of Englewood income tax account. Please answer questions fully and return this questionnaire to the address shown above. All information will remain strictly confidential.

GENERAL INFORMATION

Business Name: _____ Federal ID or SSN of Owner: _____

Type of Business: _____

Mailing Address: _____

Englewood Address (if different): _____ Phone: _____

Date Business began in Englewood: ____/____/____

Type of Business Ownership: Sole Proprietor ___ Corporation ___ S-Corp ___ Partnership ___ LLC ___ Other ___

EMPLOYEE WITHHOLDING INFORMATION

Date Employees began working in Englewood: ____/____/____ Number of Employees in Englewood _____

Are you a Monthly or Quarterly withholder? M _____ Q _____, Note: If your withholding remittance is more than \$900 per quarter, you must remit on a monthly basis.

Are you a non-resident business withholding for a resident employee **only**? _____ (*Courtesy Withholding*)

Date Courtesy Withholding began: ____/____/____ Number of Employees withholding for: _____

Address where work is actually performed: _____

ACCOUNTING INFORMATION

Accounting Period: Calendar Year _____ or Fiscal Year Ending ____/____/____

Contact Person: _____ Phone: _____

Address (if different): _____

Email: _____ May we use this email to contact you? Yes ___ No ___

CONTRACTOR AND SUBCONTRACTOR INFORMATION

Do you use Subcontractors? No _____ Yes _____. If you are using Subcontractors, for any portion of your business, please **attach** a list of the NAME, ADDRESS and FEDERAL ID number(s) or SOCIAL SECURITY NUMBER(s) of the COMPANY(IES) or INDIVIDUAL(S) who contract with you.

Print Name: _____ Signature: _____ Title: _____

Phone Number: _____ Email: _____ Date ____/____/____