

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](mailto:tax@englewood.oh.us)  
Website: [www.englewood.oh.us](http://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 \$600 per quarter, you must remit on a monthly basis.

Are you withholding for Englewood Resident who is working from home? \_\_\_\_\_

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

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 \_\_\_\_/\_\_\_\_/\_\_\_\_