

Toledo Income Tax Questionnaire
City of Toledo, Division of Taxation & Treasury
One Government Center, Suite 2070, Toledo, OH 43604-2280
(419) 245-1662, FAX (419) 936-2318

FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN ESTABLISHING YOUR ACCOUNT

Soc. Sec. # _____

1. Name of Owner (s) _____ Business Phone _____

2. Name of Officer (if Corporation) _____ Officer's SS# _____

3. Business Name _____

4. Employer's Federal Identification Number _____

5. Proprietor's/Corporate Officer's Home Address _____ Home Phone _____

6. Business Address _____

7. Toledo Address _____

8. Mailing Address (if different) _____

9. Starting Date of Toledo Activities _____

10. Check off the type of Organization for Tax Purposes: Sole Proprietor (Schedule C Filer) _____;
Corporation (Form 1120 or 1120S) _____; Partnership (Form 1065) _____ (attach listing of partners
with names, addresses, and social security or federal identification numbers of partners); Association _____

11. Are there now or will there be employees subject to Toledo Income Tax? Yes _____ No _____

Will you be filing monthly (withholding > \$1,000/month)? Yes _____ No _____ Payroll starting Date _____

12. Accounting Period: Calendar Year? _____ or Identify Fiscal Year Ending _____

13. Nature of Business _____

14. Is local address the home office or a branch? _____

15. If your address is not in Toledo, do you conduct business within Toledo City limits? Yes _____ No _____

16. If you operate more than one place of business, give business name and location(s):

IF BUSINESS WAS OUTGROWTH OF ANOTHER, FILL IN BELOW

17. Name of Old Owner (s) _____

18. Business Name _____

19. Mailing Address _____

20. Type of Organization: Sole Proprietorship _____ Partnership _____ Corp. _____ Association _____

21. Nature of Change: Sale _____ Discontinuance _____ Change in Ownership _____ Other _____

22. Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Date _____

SIGNATURE _____

TITLE _____