

**WEST UNION INCOME TAX BUREAU
VILLAGE OF WEST UNION
P.O. BOX 556**

PHONE: (937) 217-8855

WEST UNION, OH 45693

FAX: (937) 544-6099

Email: tax@westunionoh.net

Web: westunionoh.net

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

Application for: _____ Withholding Account Only _____ Net Profit Account Only _____ Both Accounts

Name of Business: _____

Business Owners(s) Name(s): _____

FID/Social Security Number _____

Local Mailing Address: _____ P.O. Box _____

Home Office Mailing Address _____ P.O. Box _____
(if different)

Business Location(s) Inside West Union Outside West Union Both

Trade Name (DBA) (if different) _____

Phone Number: _____ Fax Number: _____

Contact Person/Title: _____ Email: _____

Date Began Operations or Withholding in/for West Union: _____

Type of Ownership: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP SUB. S CORP.
 LTD LIABILITY NON-PROFIT GOVERNMENT AGENCY OTHER: _____

Number of Employees Currently : Working in West Union _____ Residing in West Union _____

Method of Filing Withholding Taxes: Monthly (Mandatory if monthly payroll is \$6,500 or more) Quarterly

Will a payroll company be filing the company's withholding taxes? Yes No

If Yes, what is the name of the company? _____

Accounting Period: Calendar Year: or Fiscal Year ending: _____

Do You Use Subcontractors? Yes No If Yes, list the name, address Federal ID/Social Security number on a separate sheet

If Your Business Is Located Inside West Union Do You Own the Property Where Your Business is Located? Yes No
If No, give name and address of landlord

Landlord Owner Name/Address: _____

I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading information is punishable under the penalties provisions of the West Union Income Tax Ordinance.

Signed: _____ Title: _____ Date: _____