

Village of Williamsburg Tax Bureau

107 West Main Street

Williamsburg Ohio 45176

Phone: (513) 724-6107

Fax: (513) 724-6212

Confidential

Business Income Tax 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 Williamsburg Outside Williamsburg Both

Trade Name (DBA) (if different) _____

Phone Number: _____ Fax Number: _____

Contact Person/Title: _____ Email Address: _____

Date Began Operations or Withholdings in/for Williamsburg: _____

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

Number of Employees Currently: Working in Williamsburg _____ Residing in Williamsburg _____

Method of Filing Withholding Taxes: Monthly 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 Williamsburg, Do You Own the Property Where Your Business is Located? Yes _____ No _____
If No, give name and address of landlord

Landlord Owner Name/Address: _____

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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 Williamsburg Income Tax Ordinance.

Signed: _____ Title: _____ Date: _____