

BUSINESS QUESTIONNAIRE

HILLSBORO INCOME TAX BUREAU
CITY OF HILLSBORO

The following information will aid us in preparing forms for your use under Title Three, Chapter 35 of the City of Hillsboro, Code of Ordinances. Kindly answer all questions fully and mail this questionnaire to the Hillsboro Income Tax Bureau, 130 N High St, Hillsboro, Ohio 45133. Your compliance with this request within Five (5) days will be greatly appreciated.

NAME _____ PHONE () _____

TRADE NAME (if any) _____

HILLSBORO JOB LOCATION _____

FEDERAL IDENTIFICATION NUMBER _____

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT (if different from above)

Check which pertains:
Individual Proprietorship _____ Partnership _____ Corporation _____
Non-Profit Organization _____ Other _____

Do you have employees who will be working in the city and subject to the city tax?
Yes _____ No _____ Approximate Number _____

Does your accounting period end on December 31st? _____ -(calendar year)

If a fiscal year, give day and month your fiscal year ends. _____

NOTE: (fiscal year ending must be same as used for Federal Income Tax purposes.)

Give beginning date of doing business in the City of Hillsboro _____

Please list names & addresses of all subcontractors working on this job.

