

BUSINESS QUESTIONNAIRE

CITY OF OAKWOOD - INCOME TAX DEPARTMENT
30 PARK AVE
OAKWOOD, OHIO 45419-3400
TEL # (937) 298-0531 FAX # (937) 297-2940

1. Federal I.D. / Soc. Sec. Number: _____
2. Company Tax Filing Type:
Sole-Proprietorship _____ Partnership _____ Corporation _____ S-Corp _____ Other (Please Specify) _____
3. Calendar Year _____ or, Fiscal Year Ending _____
4. Company / Business Name: _____
5. Business Address: _____

6. Contact Person: _____
Telephone # _____ Fax # _____
7. Nature of Business: _____
8. Billing Address:
(If different from above) _____

9. Do you have employees? YES _____ NO _____
IF YES:
a. Do employees perform work or services in Oakwood? YES _____ NO _____ (See #11.)
b. Date company began withholding for Oakwood: _____
10. Remit: MONTHLY _____ QUARTERLY _____ (See ORC 718.03(B)(1)(a) or (b) for remittance requirements)
11. If you are withholding only as a courtesy for those employees who reside in Oakwood, please list name and address of employee.
(Note that City of Oakwood residents will have either a 45419 or 45409 zip code.)

12. Work in Oakwood is: Ongoing _____ Occasional/Project Specific _____
Start Date _____ Estimated Ending Date (if project specific) _____
Name and address of Oakwood jobsite _____

Number of employees working in Oakwood _____
Number of subcontractors working in Oakwood _____

* A complete listing of subcontractor names, addresses, Federal ID numbers, and phone numbers must be provided prior to the beginning of each project. A summary including payments to each subcontractor must be provided at the completion of a specific project or annually if work is ongoing.

I certify the above information to be true, complete and accurate.

AUTHORIZED SIGNATURE

TITLE

DATE