

City of Washington Court House
Income Tax Department
117 North Main Street
Washington Court House, Ohio 43160

BUSINESS QUESTIONNAIRE

Please complete and return to our office at the above address or fax to 740-636-2348
within five days. If you have any questions, please call 740-636-2342.

Name of Business _____

Address of Business _____

Mailing Address _____

Federal ID# or Social Security # _____

Name/Title of contact person _____ Phone # _____

Indicate Type of Business Entity
_____ Sole Proprietorship _____ Partnership _____ Corporation

Is this Courtesy Withholding Only? _____

Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Nature of Business _____

Starting Date: _____ Number of employees _____

Are Premises leased? _____

Name and address of landlord _____

NON-RESIDENT BUSINESSES:

Address of Jobsite: _____

List all sub-contractors employed on this job: (include addresses and phone numbers)
Attach additional pages if necessary

To the best of my knowledge, the above information is true, correct and complete. I understand that all information contained herein is confidential.

Date: _____ Signature _____ Title _____ Phone # _____