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| <b>For Office Use Only</b><br><b>AC#</b><br><br><b>Date:</b> |
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**City of Toledo**  
**Division of Taxation & Treasury**  
 One Government Center, Suite 2070. Toledo, OH 43604-2280. Office (419) 245-1662. FAX (419) 936-2318

**Toledo Income Tax Questionnaire**  
FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN ESTABLISHING YOUR ACCOUNT

Business Type:

Sole Proprietorship (Schedule C filer)    
  Partnership (Form 1065)    
  Corporation (Form 1120/1120S)    
  Association

Single Member LLC    
  Voluntary Withholder (no Toledo operation)

\_\_\_\_\_  
**FEDERAL TAX ID NO.**

\_\_\_\_\_  
**SOCIAL SECURITY NO. OF OWNER/ CORPORATE OFFICER**

Business Name \_\_\_\_\_ Owner or Corporate Officer's Name \_\_\_\_\_

Business Address \_\_\_\_\_ Owner's/Corporate Officer's Home Address \_\_\_\_\_

Business City, State, Zip \_\_\_\_\_ Owner's/Corporate Officer's City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Owner's Phone No. \_\_\_\_\_ Alternate Phone No./Cell Phone \_\_\_\_\_

Business Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Toledo Business Name \_\_\_\_\_ Partner's Name (Tax Matters Partner) **ATTACH LISTING OF NAMES, ADDRESSES, AND SOCIAL SEC. NO. OF ALL PARTNERS)**

Toledo Address, if different \_\_\_\_\_ Partner's Home Address (Tax Matters Partner) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Partner's City, State, Zip (Tax Matters Partner) \_\_\_\_\_

Starting Date of Toledo Activities \_\_\_\_\_ Partner's Phone No. (Tax Matters Partner) \_\_\_\_\_

1. Are there now or will there be employees subject to Toledo Income Tax? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be filing monthly (withholding > \$~~000~~/month)? ~~Yes~~ Yes \_\_\_\_\_ No \_\_\_\_\_ Payroll Starting Date \_\_\_\_\_

2. Accounting Period: Calendar Year? \_\_\_\_\_ or Identify Fiscal Year Ending \_\_\_\_\_

3. Nature of Business \_\_\_\_\_

4. Is local address the home office or a branch? \_\_\_\_\_

5. If your address is not in Toledo, do you conduct business within Toledo City limits? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If you operate more than one place of business, give business name and location(s): \_\_\_\_\_

**IF BUSINESS WAS OUTGROWTH OF ANOTHER, COMPLETE THE FOLLOWING**

7. Name of former Owner(s) \_\_\_\_\_

8. Business Name \_\_\_\_\_

9. Mailing Address \_\_\_\_\_

10. Type of Organization: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_ Association \_\_\_\_\_

11. Nature of Change: Sale \_\_\_\_\_ Discontinuance \_\_\_\_\_ Change in Ownership \_\_\_\_\_ Other \_\_\_\_\_

12. Accounting Period: Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_