

VILLAGE OF MINERVA
INCOME TAX DEPARTMENT

BUSINESS QUESTIONNAIRE

For the purpose of our records, with regard to the Village of Minerva Income tax, Please complete & return this questionnaire as soon as possible.

1. Name, address & phone number as used for business purposes:

Name: _____

Address: _____

Phone Number : _____ Fax Number : _____

2. Federal identification number: _____

3. Nature of business conducted: _____

4. Accounting period used for Federal Income Tax Purpose:

___ Calendar year ending December 31

___ Fiscal year ending _____.

(check correct one - if fiscal year write in ending date)

5. Number of employees: _____

Send **business** tax return forms to:

Name: _____

Address: _____

City _____ State _____ Zip _____

Send **withholding** tax forms to:
(only if different than above)

Name: _____

Address: _____

City _____ State _____ Zip _____

Name & date of individual who completed this form:

Name: _____
(please print)

Signature: _____

Date: _____

For office use only:

ACCT #: _____