

VILLAGE OF MORROW

INCOME TAX DEPARTMENT

Morrow, Ohio 45152

FOR TAX USE

To: \_\_\_\_\_ Date Inquiry Mailed \_\_\_\_\_
\_\_\_\_\_ Date Received \_\_\_\_\_
\_\_\_\_\_ Account No. \_\_\_\_\_

The following information will aid us in preparing forms for your use in complying with the Morrow Income Tax Ordinance. Kindly answer all applicable questions fully and mail this questionnaire to the Department of Taxation, Village of Morrow, 355 E. Pike St., Morrow, Ohio, 45152.

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

- 1. Local name and address as used for business purposes: Trade Name \_\_\_\_\_ Location in Morrow \_\_\_\_\_
2. Is above address main office or branch office? \_\_\_\_\_
3. If branch, give name and address of main office. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Nature of business conducted \_\_\_\_\_ Date business started in Morrow \_\_\_\_\_
5. Accounting period used for Federal Income Tax purposes: \_\_\_\_\_ Calendar Year Ending 12/31 \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_
6. Do you have employees subject to Morrow Income Tax? Yes No Date started to withhold \_\_\_\_\_

Note: You may have persons in your employ who are subject to Morrow Income Tax, but from whom you are not required to withhold the City Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

- 7. Do you at any time during the year employ persons who are subject to Morrow Income Tax and from whom you do not withhold the Village Tax? Attach a list of such persons, showing names and addresses.
8. Type of Ownership: Proprietorship Corporation Partnership Non-profit Corp. Association

List names and residence address of Partners, Corporation Officers, Association Members, etc.

Table with 2 columns: Names, Residence Address. Includes blank lines for entry.

- 9. If partnership, association or other unincorporated joint business venture, indicate how the Morrow Income Tax Return, upon the net profit, will be filed and paid. Check which: a) in full by the business b) separately by the individual members on proportionate shares.
10. Name and address of Landlord \_\_\_\_\_

- 11. Address to which tax forms are to be mailed: Send Business Net Profit Tax Return Form to: Send Withholding Tax Form to: Name \_\_\_\_\_ Name \_\_\_\_\_ Care of \_\_\_\_\_ Care of \_\_\_\_\_ Street Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If all forms go to same address, complete left side only, and write "Same" across face of right side.)

PLEASE USE REVERSE SIDE FOR ADDITIONAL COMMENTS, IF ANY.