

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.

Names	Residence Address
_____	_____
_____	_____
_____	_____
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.