

City of Wauseon
Income Tax Department

230 CLINTON STREET • WAUSEON, OHIO 43567
PHONE 419-335-1171 • FAX 419-335-0063 • incometax@cityofwauseon.com

Business Questionnaire

Please complete the necessary information and return it to the Wauseon income tax office. **TAX RATE 1.5%**

Business Name: _____ FEIN: _____

Trade Name (DBA): _____ SSN: _____

Mailing Address: _____

Physical Address: _____

Nature of Business Conducted: _____ Date started in Wauseon: _____

- Entity Type: Corporation Partnership Sole Proprietorship
 S Corp LLC Non-Profit
 Other (describe): _____

Withholding Information

Send to: _____

Phone: _____

Fax: _____

Email: _____

Withholding start date: _____

Courtesy W/H for Wauseon resident(s)? Y or N

Work from home? Y or N

* If yes, list resident:

Name: _____

Address: _____

Payroll Service: _____ or OBG

If a corporate subsidiary, list the parent company, address and FEIN:

Name: _____

Address: _____

FEIN: _____

Net Profit Information

Send to: _____

Phone: _____

Fax: _____

Email: _____

Accounting Period: _____

*If this entity is a partnership, list all partners:

Name: _____

Address: _____

Name: _____

Address: _____

*use back of form if needed.

List all subcontractors applicable to work performed within the City of Wauseon. Use the back of this form if necessary.

Name: _____

Address: _____

Name: _____

Address: _____

With reference to real estate properties located within the City of Wauseon:

Does the business occupy, as a tenant, real property within the City of Wauseon owned by others, if yes who?

Owner: _____

Address: _____

Signed: _____

Date: _____

*The information required on this form is essential to the completion of our records and will be held in strict confidence, as authorized by Tax Ordinance 1970-14. If a subpoena is issued for compliance, a penalty of \$25 will be assessed.