

**OFFICE USE ONLY**

A/C# \_\_\_\_\_ N/P \_\_\_\_\_ W/H \_\_\_\_\_  
Date \_\_\_\_\_  
Source \_\_\_\_\_  
12 OR 4

**CITY of ZANESVILLE  
INCOME TAX DEPARTMENT  
401 MARKET STREET  
ZANESVILLE, OHIO 43701  
BUSINESS QUESTIONNAIRE**

**FOR THE PURPOSE OF OUR RECORDS, WITH REGARD TO THE CITY OF ZANESVILLE INCOME TAX,  
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE PROMPTLY IN OUR SELF-ADDRESS ENVELOPE.**

1. Federal ID Number \_\_\_\_\_ And/Or Social Security Number \_\_\_\_\_

2. Trade Name \_\_\_\_\_

3. Address: \_\_\_\_\_

**LOCAL LOCATION**

**MAIN OFFICE**

Contact \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Contact \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

4. Address You Wish Tax Forms Sent If Different Than Above Address

**BUSINESS**

**WITHHOLDING**

Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Date Started Or Acquired: \_\_\_\_\_

6. Account Period: Calendar Year \_\_\_\_\_ Fiscal Date: From \_\_\_\_\_ To \_\_\_\_\_

7. Nature Of Business \_\_\_\_\_

8. Previous Owner: (If Applies)

Name \_\_\_\_\_  
Address \_\_\_\_\_

9. Who Prepares Your Financial Statements & Tax Returns \_\_\_\_\_

10. Parent Name (If Company A Subsidiary) \_\_\_\_\_

Address \_\_\_\_\_

11. Landlord (If Company Is A Tenant In Zanesville) Name \_\_\_\_\_

12. Do You Employ One Or More Persons Now Or Expect To In The Future? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Number Of Employees \_\_\_\_\_

14. Are You A Company Outside Our City Limits That Only Withholds Because Some Employees Reside In  
Zanesville? \_\_\_\_\_