

* * * BUSINESS QUESTIONNAIRE * * *
VILLAGE OF MANTUA - INCOME TAX DIVISION
P.O. BOX 775
MANTUA, OHIO 44255

Date Issued _____ Date received by Mantua Village _____

Please complete and return this questionnaire promptly to the Village of Mantua Income Tax Dept.

Nature of Business _____

Taxable Year _____

FEIN# _____

1. a. Trade Name _____
Address _____ Zip Code _____
- b. Nature of Business _____
- c. Date Business started in Mantua Village _____
- d. Do you now have one or more employees _____ Do you expect to have employees in the near future _____
- e. Type of ownership: Individual _____ Partnership _____ Corporation _____ Trust _____
Estate _____ Small Business Corporation _____ Non Profit _____
Other (Specify) _____
- f. Accounting Period used for Federal Income Tax Purposes: Calendar Year ending December 31, _____ Fiscal Year ending _____ Not yet determined _____

2. a. Who prepares your Financial Statements and Federal Income Tax Returns?
Name _____ Telephone No. _____
Address _____ Zip Code _____
- b. In the conduct of your business, do you employ anyone who classifies themselves as Sub-contractors? _____
- c. Does the business occupy real property in Mantua Village as tenants rented from others? _____
To whom do you pay the rent? _____
- d. Do you rent any part of your property for which you are paid rent? _____
- e. Your tenant's name and Address: _____

3. a. How was the business acquired: Purchased, Started New, Incorporated, Reorganized:
(State which one applies) _____
- b. If local business is a branch, give name and address of Parent Company:
Name: _____
Address: _____

4. a. Address to which tax returns are to be mailed: If all forms go to the same address, complete left side only.
Name _____ Name _____
Care of _____ Care of _____
Street _____ Street _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

OWNER'S NAME AND ADDRESS

5. a. Name: _____
Home Address _____ Home Telephone _____
City _____ State _____ Zip Code _____

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

6. IF PARTNERSHIP, ASSOCIATION, JOINT VENTURE, OR SMALL BUSINESS CORPORATION, LIST NAMES AND ADDRESSES OF PARTNERS, ASSOCIATES, OR MEMBERS IN VENTURE.

a.	NAME	ADDRESS	CITY,	STATE
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

7. DO YOU OPERATE ANY OTHER BUSINESS WITHIN OR OUTSIDE OF MANTUA VILLAGE WHICH IS SUBJECT TO VILLAGE OF MANTUA INCOME TAX?

a.	TRADE NAME	ADDRESS	NATURE OF BUSINESS	ACCOUNT NO.
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

8. WHEN DID YOUR BUSINESS, COVERED BY THIS QUESTIONNAIRE, BEGIN THE PRESENT OCCUPANCY OF PROPERTY LOCATED IN MANTUA VILLAGE?

a. Date _____ If known, please list name of prior occupant of this property.
Name _____
Address _____

9. USE THIS SPACE FOR ANY ADDITIONAL INFORMATION WITH REGARD TO YOUR BUSINESS OPERATION FOR VILLAGE INCOME TAX PURPOSES.

10. The information hereby submitted, including any accompanying lists and statements, is true and correct:

Signature _____

Date signed _____ Business (or trade) name used _____

Your Phone No. _____ ext. _____

Address _____ City _____ State _____ Zip _____

Questionnaire prepared by: _____

Address, city, state, zip _____

Signed _____ Title _____

ATTACH ANY ADDITIONAL INFORMATION NECESSARY