

VILLAGE OF MONTPELIER, OHIO  
MONTPELIER, OHIO 43543  
BUSINESS AND PROFESSIONAL QUESTIONNAIRE  
INCOME TAX DEPARTMENT

<b>For Tax Office Only</b>
Fiscal Period
Checked
Received

FEDERAL ID NUMBER: \_\_\_\_\_

For the purpose of our records, with regard to Montpelier Income Tax, please complete and return this Questionnaire promptly.

- Local name and address as used for business purposes:

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

- Nature of business conducted: \_\_\_\_\_

- Address to which tax forms are to be mailed:

Send Business Net Profit Tax Return Form To:

Name: \_\_\_\_\_

Care of: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Send Withholding Report Tax Form To:

Name: \_\_\_\_\_

Care of: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**Please identify the name and residential address of every officer and employee having control, supervision or responsibility for filing tax returns and making payments on behalf of the corporation or association. Please also specify that person's title.**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Resident Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Resident Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Resident Phone: \_\_\_\_\_

- Accounting period used for Federal Income Tax purposes:
  - Calendar Year ending December 31
  - Fiscal Year Ending: \_\_\_\_\_

- Do you now employ one or more persons? \_\_\_\_\_

- Do you expect to have employees in the future? \_\_\_\_\_

- Do you at any time during the year employ persons WHO ARE SUBJECT TO MONTPELIER INCOME TAX and from whom you do NOT withhold the Village Income Tax? For Example: contact labor, independent commission sales brokers, etc. \_\_\_\_\_ If yes, attach list of such persons, showing name and address.

- Type of Ownership – check which:

Individual Proprietorship     Corporation     Partnership     Non-profit Corporation

- If partnership, indicate HOW the Montpelier Income Tax Return, upon the net profit, will be filed and paid:

in full by the business     Separately by the individual members on the proportionate shares

(COMPLETE QUESTIONNAIRE ON REVERSE SIDE ALSO)

- Owner's name and address:

If individual proprietorship, give owner's name and address:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

If corporate subsidiary, give name and address of parent company main office:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

- If Partnership, list name, SSN, and address of all partners:

Name	Street Address	City, State, Zip	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- With reference to real estate properties located WITHIN the VILLAGE OF MONTPELIER, does the business occupy, as tenant, real property in Montpelier rented FROM others? \_\_\_\_\_ If so, to whom is rent paid?

Name	Street Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLEMENTAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information hereby submitted is true and correct

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Your Phone No: \_\_\_\_\_

Date Signed \_\_\_\_\_

Company: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_