

QUESTIONNAIRE
SHELBY CITY INCOME TAX
43 WEST MAIN STREET
SHELBY OHIO 44875
Phone (419) 342-5885 – Fax (419) 347-1193

THIS FORM MUST BE FILED WITH THE SHELBY CITY INCOME TAX OFFICE.

Starting Date _____

Name of Business _____

Address _____

If above is a branch office; give address of main office _____

Fax number _____ Nature of Business _____

Accounting Period _____ Calendar Year _____ Fiscal Year Ending _____

Do you presently employ one or more persons? _____

If yes, do you withhold on a quarterly or monthly basis? _____

If not, do you expect to have employees in the future? _____

Type of ownership (check one) _____, Corporation _____, Partnership _____, Individual Proprietorship, _____, Non-Profit

If partnership, association or other unincorporated joint business venture, indicate how the Shelby City income tax return will be filed and paid: In full by the business _____ or separately by individuals _____ (give complete name(s), address(es) and social security number(s) on reverse side of form).

Send net profit returns to:
(complete name and address)

Send withholding forms to:
(complete name and address)

Does your business rent from others _____ Yes _____ No. If yes, please indicate complete name and address of property owner _____

Federal I.D.#/Social Security# _____ Name and address of statutory agent (This must be completed)

List complete names, addresses, and phone numbers of sub-contractors and estimate of time spent working in Shelby on reverse side.

Signed _____ Title _____

Date _____ Phone Number _____