



Business Questionnaire
 City of Port Clinton - Department of Taxation
 1868 E Perry St, Port Clinton, OH 43452

Account Number (for office use only): _____

The following information is necessary for our records. Please complete and return to our office within 15 days.

Business Name _____ F.I.N./SS# _____

DBA Name (If Different) _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Mailing Address (If Different) _____

Port Clinton Address (If Any) _____

Date began operations or had employees working within Port Clinton city limits _____

Person responsible for handling withholding: _____ Phone: _____

Please check here if this is only a withholding account Please check here if you have no employees

If business has been purchased please provide previous owner's name, address, phone number and FIN/SS# :

Please check type of business:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship-SS# _____ | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Association | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Sub S Corporation | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Non-Profit (must attach 501 (c) (3) | <input type="checkbox"/> Other _____ |

If partnership, S Corp, or other joint venture indicate how Port Clinton city tax on net income is paid:

- By business entity
 By each individual on proportionate share (attach names and addresses of partners or other owners)

Accounting Period: Calendar Year Fiscal Year: From _____ To _____

CONTRACTORS: Please supply a list of names, addresses and phone numbers of sub contractors working on this project.

RENTAL: If you own rental property in the Port Clinton city limits, please attach a list of addresses.

If you are renting the building your business is in please attach the name, address and phone number of your landlord.

All businesses are required to submit copies of IRS Forms 1099-MISC to Port Clinton Income Tax Department.

The information hereby submitted, including accompanying lists, is true and correct to the best of my knowledge.

Signed _____ Date _____

Name (Please Print) _____ Title _____

TAX RATE FOR WITHHOLDING AND NET PROFIT RETURNS IS 1.5%

FOR ADDITIONAL SPACE USE REVERSE SIDE OF THIS FORM
 Please return to Emma Gentry - Tax Commissioner
 e-mail: pcincometax@portclinton-oh.gov
 phone: 419-734-5522
 fax: 419-732-6558