



City of Mansfield
Income Tax Division
P.O. Box 577
Mansfield, OH 44901
Phone: 419-755-9711 Fax: 419-755-9751
www.ci.mansfield.oh.us

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

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

1. Local name and address as used for business purposes:

Trade Name: _____

2. Location in Mansfield or Work Site: _____

3. Type of work to be performed: _____

4. Date started in Mansfield: _____

5. Expected duration of work: _____

6. Federal I.D. or Social Security #: _____

7. Accounting period used for Federal Income Tax purposes:

(Check applicable box-if fiscal write in date) _____ Calendar Year Ending December 31
_____ Fiscal Year Ending _____

8. Do you now employ one or more persons in Mansfield? _____ Yes _____ No

Date Employees started in Mansfield: _____

9. Do you expect to have employees in the future? _____ Yes _____ No

When? _____

10. Projected Monthly Withholding Tax: _____

11. Does your company voluntarily withhold tax for Mansfield residents not employed inside the City of Mansfield? (If yes, only complete the front of the form) _____ Yes _____ No

12. Company Phone: _____ Fax: _____

Send Business Net Profit Return: _____ Send Withholding Tax Form: _____

Name: _____ Name: _____

Contact Person: _____ Contact Person: _____

Street Address: _____ Street Address: _____

City: _____ State _____ Zip _____ City: _____ State _____ Zip _____

Email: _____ Email: _____

(OVER)

13. Projected Yearly Revenue: _____ Less Than \$500,000 Annual Revenue
_____ More Than \$500,000 Annual Revenue

14. Type of Ownership (check which):

_____ Non-Profit Corporation _____ Individual Proprietorship (Complete 15a)
_____ Corporation (Complete 15b) _____ Partnership (Complete 15C)

15. Owner's Name and Address

a. If Individual Proprietorship, give owner's name, social security number, and address:

Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State _____ Zip _____

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

Name: _____

Federal ID Number: _____

Street Address: _____

City: _____ State _____ Zip _____

Will you be filing a consolidated return: _____ Yes _____ No

c. If partnership, association, or other incorporated joint business venture, list names and addresses of partners, association, or members

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Throughout this questionnaire, wherever listings are required-attach a separate list if sufficient spaces have not been provided.

16. With reference to real estate properties located within the City of Mansfield:

Does the business occupy, as a tenant, real estate property in Mansfield rented from others? _____ Yes _____ No

If so, to whom is rent paid: (Give owner, if known, otherwise his agent)

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
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17. Do you operate any other business within the City of Mansfield? _____ Yes _____ No

Note: Other business includes rental properties rented to others

If you do, list those located within the City:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly. THANK YOU