



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: _____

Net Profit Return: _____ Employee Withholding Tax Form:

Name: _____ Name: _____

Contact Person: _____ Contact Person: _____

Street Address: _____ Street Address: _____

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

Email: _____ Email: _____

