

## 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:						
		dar Year Ending December 31 Year Ending					
8.							
9.	Do you expect to have employees in the future? Ye 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: StateZip	City:StateZip					

13. Projected Yearly Revenue:	More Than \$500,000 Annual Revenue 14.						
Type of Ownership (check which):							
Non-Profit Corporation Corporation (Complete 2	15b)		ial Proprietor ship (Complet	ship (Complete te 15C)	15a)		
15. Owner's Name and Address							
a. If Individual Proprietors	ship, give owne	r's name, socia	security num	ber, and addre	ess:		
Name:							
Social Security Number							
Street Address:							
City:b. If corporate subsidiary,							
Name:	-	•					
Federal ID Number: _							
Street Address:							
City:		State	Zip				
Will you be filing a consolidated return: Yes No							
<ul> <li>c. If partnership, association, or other incorporated joint business venture, list names and partners, association, or members</li> </ul>							
Name SS# o	r Fed ID#	Street Addr	ess (	City	State Zip		
Note: Throughout this que spaces have not been pro		erever listings a	re required-a	ttach a separat	te list if sufficient		
16. With reference to real estate	With reference to real estate properties located within the City of Mansfield:						
Does the business occupy, as	a tenant, real e	state property	n				
Mansfield rented from others		No					
If so, to whom is rent paid: (G			his agent)				
Name SS# or Fed	d ID#	Street Address	City	Stat	te Zip		
17. Do you operate any other bus Note: Other business includes If you do, list those located wi	rental propert	•		No			