



CITY OF IRONTON INCOME TAX DEPARTMENT BUSINESS PROFESSIONAL QUESTIONNAIRE

TAX RATE – 1%

FID # _____

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

Name and address as used for business purposes:

Date Business Started in Ironton:

Email: _____
Phone Number: _____
Fax Number: _____

Type of ownership: Individual Proprietorship Corporation Partnership Non-Profit
_____ **LLC**

If business is a partnership, unincorporated joint venture or associations please indicate how the Ironton Income Tax Return will be filed and paid (net profit).

_____ Fully by the business entity

_____ Separately by the individual members on proportionate shares

Complete the appropriate box according to your selection above:

Individual Proprietorship: Owners information
Name: _____
Address: _____

Corporation Subsidiary: Parent Company information
Name: _____
Address: _____

Partnership, association or other unincorporated joint venture: List name and address of partners or other members:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____





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Do you operate any other business within the City of Ironton, Ohio: Yes No

If Yes, List below:

Name: _____

Name: _____

Address: _____

Address: _____

Address where tax forms are to be mailed:

***IF USING A PAYROLL COMPANY OR GENERIC FORMS PLEASE NOTE SO WE DO NOT MAIL WH FORMS.**

NET PROFIT:

WITHHOLDING FORMS:

Does your business employ one or more individuals? Yes No

If No, do you anticipate hiring one or more employees in the future? Yes No

Does your business at any time during the year employ persons who are subject to Ironton Income Tax and from whom you do not withhold? Yes No

If Yes, you must submit a copy of any 1099's issued during the year by February 28th, as is required by the IRS.

What type of fiscal accounting period does your business use for Federal Income Tax purposes?

Fiscal (please state ending date for your fiscal year) _____

Calendar year ending December 31

FILE - _____ Quarterly _____ Monthly _____ Semi-Monthly _____ Annually

Is this a courtesy withholding? Yes No

Information is hereby submitted and prepared by:

* Affidavit of Information: All information hereby submitted is true and accurate.

Name (printed) _____

Date: _____

Signature: _____

Title: _____

