VILLAGE OF MILLERSBURG INCOME TAX DEPARTMENT

6 N WASHINGTON STREET MILLERSBURG, OH 44654 PHONE: (330) 674-6891

FAX: (330) 674-9044

WWW.MILLERSBURGOHIO.COM BOBBIE CURRY, TAX ADMINISTATOR



BUSINESS QUESTIONNAIRE

Please complete all questions. The information will be used to update information on file or to determine your filing requirements. If you have any questions concerning this form or about the municipal income tax, please contact our office.

GENERAL/ACCOUNTING INFORMATION Business Name: ______Federal Tax ID No: _____ Type Of Business: Trade Name (If Different): Home Office Address: _____Email:_____ Phone: Millersburg Address (If Different): Phone: _____Email: ____ Purpose of this registration: ☐ Business Net Profit Filing ☐ Withholding Tax ☐ Courtesy Withholding Date Business Began In Millersburg: Number Of Employees: Type Of Organization: ☐ Sole Proprietorship Corporation ☐ S-Corporation ☐ Other:_____ ■ Partnership □ Ltd. Liability Co. Owners, Partners Or Principal Officers Information: NAME, TITLE **ADDRESS PHONE** Name, Address, Phone Number and Email of Bookkeeper/Accountant/Payroll Company: Accounting Period: □ Calendar Year ☐ Fiscal Year - Month Ending: Address To Which Tax Forms Are To Be Mailed: Business Net Profit Tax Return Form: ☐ Home Office ☐Millersburg Office □ Other* *Other Address: _____ Payroll Withholding Tax Forms: ☐ Home Office □Millersburg Office □ Other* *Other Address: Does your business occupy, as a tenant, real property in Millersburg/Do you rent or lease your business property? ☐ Yes: Please provide name and address of landlord □ No

-	ax (Business is locate	ed in Millersburg)		
□ Remote Emp	oloyment (Employees	work from home in	siness is not located in M n Millersburg) D in non-Millersburg loca	-
How often will you remit	t withholding tax?	☐ Quarterly	☐ Monthly	
Do you plan to use the □ Yes □ No	Ohio Business Gatev	vay to file your Net	Profit Return or your Pay	roll Withholding Tax?
SUPPLEMENTAL INFO	ORMATION:			
I hereby certify that Signature	to the best of my		above information is a	true and complete. Date
Email Address		Phone Number		Title
		OFFICE US	 E ONLY	
NET PROFIT ACCOUNT #:			DATE REC'D: _	
PAYROLL WITHOLDING ACCT #:			ENTERED BY:	