

# BUSINESS QUESTIONNAIRE

CITY OF OAKWOOD - INCOME TAX DEPARTMENT  
30 PARK AVE., OAKWOOD, OHIO 45419-3400  
TEL # (937) 298-0531 FAX # (937) 297-2940

1. Federal I.D. / Soc. Sec. Number: \_\_\_\_\_
2. Company Income Tax Filing Type for federal tax purposes:  
Sole-Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ S-Corp \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
3. Calendar Year \_\_\_\_\_ or, Fiscal Year Ending \_\_\_\_\_
4. Company / Business Name: \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
\_\_\_\_\_
6. Contact Person: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_
7. Nature of Business: \_\_\_\_\_
8. Billing Address: \_\_\_\_\_  
(If different from above) \_\_\_\_\_
9. Do you have employees? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES:  
a. Do employees perform work or services in Oakwood? YES \_\_\_\_\_ (Complete #12) NO \_\_\_\_\_ (Complete #11)  
b. Are employees remote workers? YES \_\_\_\_\_ (List names/addresses below in #12) NO \_\_\_\_\_
10. Remit: MONTHLY \_\_\_\_\_ QUARTERLY \_\_\_\_\_ (See ORC 718.03(B)(1)(a) or (b) for remittance requirements)
11. If you are withholding only as a courtesy for those employees who reside in Oakwood, please list name and address of employee.  
(Note that City of Oakwood residents will have either a 45419 or 45409 zip code.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Work in Oakwood is: Ongoing \_\_\_\_\_ Occasional/Project Specific \_\_\_\_\_  
Start Date \_\_\_\_\_ Estimated Ending Date (if project specific) \_\_\_\_\_  
Name and address of Oakwood jobsite \_\_\_\_\_  
\_\_\_\_\_  
Number of employees working in Oakwood \_\_\_\_\_ Number of subcontractors working in Oakwood \_\_\_\_\_

\* A complete listing of subcontractor names, addresses, Federal ID numbers, and phone numbers must be provided prior to the beginning of each project. A summary including payments to each subcontractor must be provided at the completion of a specific project or annually if work is ongoing.

I certify the above information to be true, complete and accurate.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
E Mail Address (To be used for account number notification purposes only.)