BUSINESS QUESTIONNAIRE

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

	Company Federal Income	Tax Filing Type:				
	Sole-Proprietorship	Partnership	Corporation	S-Corp	Other (Please Specify)	
	Calendar Year	or, Fiscal Year Er	nding			
	Company / Business Name	e:				
	Business Address:					
	Contact Person:					
	Teleph	none #		Fax #		
	Nature of Business:					
	Billing Address: (If different from above)					
	Do you have employees? IF YES: a. Do employees perform		NO _		NO(See #11.)	
	b Date company began withholding for Oakwood:					
	b Date company began	withholding for Oa	akwood:			
0.	Remit: MONTHLY	_ QUARTERLY	/ (See OF	RC 718.03(B)(1)	(a) or (b) for remittance requirer	•
	Remit: MONTHLY	QUARTERLY	Y (See OF	RC 718.03(B)(1)	(a) or (b) for remittance requirer	•
1.	Remit: MONTHLY If you are withholding only (Note that City of Oakwood	QUARTERLY as a courtesy for residents will ha	(See OF those employees wave either a 45419 o	RC 718.03(B)(1) who reside in Oa or 45409 zip cod	(a) or (b) for remittance requirer	•
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E Mail Address (To be used for account number notification purposes only.)