

BUSINESS QUESTIONNAIRE



AKRON INCOME TAX DIVISION

1 Cascade Plaza - Suite 100

Akron, OH 44308-1161

(330) 375-2539 - Profit/Loss

(330) 375-2497 - Withholding

(330) 375-2456 - Fax

This is the questionnaire for business filers. If you are an individual or joint filer use the Individual Questionnaire.

The following information is necessary for us to register your business or update your income tax records with the City of Akron. If a sole proprietorship you must complete this AND the Individual questionnaire. If an LLC, indicate how you are filing with the IRS. PLEASE COMPLETE ALL LINES AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.

TAX OFFICE USE ONLY

Date issued _____
Auditor _____
Account # _____
Account # _____
Akron Dist _____ Ind Code _____

BUSINESS NAME _____

MAILING ADDRESS _____
(MAILING ADDRESS FOR TAX PURPOSES... ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED)

BEGINNING DATE OF AKRON ACTIVITY _____ TELEPHONE # _____

BUSINESS ADDRESS IN AKRON _____

AKRON TELEPHONE # _____ IS AKRON: THE HOME OFFICE? _____ A BRANCH OFFICE? _____

If there is no Akron address, are any net profits attributable to Akron? YES NO

TRADE NAME (if any) _____ FED ID _____

FEDERAL BUSINESS ACTIVITY CODE: _____ NATURE OF BUSINESS _____

TYPE OF ORGANIZATION : Sole Proprietor S Corp C Corp Partnership OTHER _____

OWNERS NAME	ADDRESS	SOC SEC NUMBER

NUMBER OF EMPLOYEES WORKING IN AKRON _____ DATE FIRST EMPLOYEE WAS HIRED _____

ACCOUNTING PERIOD USED: CALENDAR YEAR _____ FISCAL YEAR _____ (Fiscal Year Ending _____)

Do you own rental property in Akron? YES _____ NO _____ (If yes, we will send you a rental questionnaire upon receipt of this form.)

Do you operate more than one place of business in Akron? YES _____ NO _____

Address _____ Trade Name _____

Address _____ Trade Name _____

IF CURRENT BUSINESS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPLETE THE FOLLOWING:

Name/s of previous owner/s and trade name, if any _____

Mailing Address _____
Former Business Type : Sole Proprietor _____ S Corp _____ C Corp _____ Partnership _____

Name of person responsible for filing tax forms:

Name _____ Title _____ Phone No. _____

Signature _____ Date _____