

City of Madeira
7141 Miami Avenue
Madeira, OH 45243
www.madeiracity.com

Madeira Tax Office
Confidential Business
Questionnaire

[Print Form](#)

tax@madeiracity.com
Phone: (513) 272-4212
Fax: (513) 272-4211

Business Name:

Address in
Madeira:

Start of Madeira Activity:

FEIN:

or SSN:

Corporation Partnership Sole Proprietorship Other

Accounting Period: Calendar Fiscal

Fiscal Year Start/End Dates:

If you RENT in Madeira, Name of Landlord:

NET PROFIT INFORMATION

Net Profit Contact:

Email Address:

Telephone:

Mailing Address for

Net Profit Correspondence:

WITHHOLDING INFORMATION

Do you have employees in the Madeira? Yes No *Withholding is required to be paid MONTHLY*

Do you use a payroll service? Yes No Name of Service:

Withholding Contact:

Email Address:

Telephone:

Mailing Address for

Withholding Correspondence:

I certify the above information to be true and accurate.

Signature:

Date:

This form needs to be returned within 10 days of start of business.

Email to tax@madeiracity.com or fax to (513) 272-4211