

City of Piqua Income Tax Questionnaire

The following information will aid us in preparing forms for your use under the Piqua Income Tax Ordinance. Please answer all questions fully and return this form to help ensure the proper establishment of your city income tax account.

**Federal Identification No.** \_\_\_\_\_

1. **Name of business** \_\_\_\_\_  
Business \_\_\_\_\_ Business \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_
2. Please check the type of your business:  
\_\_\_\_ Individual/Proprietorship    \_\_\_\_ Corporation    \_\_\_\_ Partnership  
\_\_\_\_ Non-Profit Organization    \_\_\_\_ Association    \_\_\_\_ Other \_\_\_\_\_
3. Give Social Security number, home address, and home phone number of owner(s), officers, or all partners, if a partnership exists:  
Name                      Social Security #                      Address                      Phone  
(A) \_\_\_\_\_  
(B) \_\_\_\_\_  
(C) \_\_\_\_\_
4. Business Address \_\_\_\_\_
5. Name of officer, primary or owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_
6. Trade name (if any) \_\_\_\_\_
7. Are there now, or will there be employees subject to City of Piqua income tax?  
\_\_\_\_ No    \_\_\_\_ Yes    Approximate Number \_\_\_\_\_
8. Date business activities started in Piqua \_\_\_\_\_
9. Please check type of business activity:    \_\_\_\_ Manufacturing    \_\_\_\_ Service  
\_\_\_\_ Retail Sales    \_\_\_\_ Construction    \_\_\_\_ Financial/Insurance/Realty
10. Accounting period:    \_\_\_\_ Calendar Year    \_\_\_\_ Fiscal Year Ending \_\_\_\_\_
11. Do you \_\_\_\_ Own    \_\_\_\_ Rent    \_\_\_\_ Lease your place of buiness in Piqua?  
If you rent or lease, from whom?  
Name \_\_\_\_\_  
Address \_\_\_\_\_
12. Name and address of person or organization in charge of books or records:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Thank you for your cooperation.

Department of Taxation  
201 W. Water St., PO Box 1223  
Piqua, OH 45356  
Phone (937) 778-2009 Fax (937) 778-1130