

VILLAGE OF LEXINGTON, OHIO
DIVISION OF TAXATION
44 WEST MAIN STREET
LEXINGTON, OH 44904
(419) 884-7267
(419) 884-1640 FAX

DATE _____

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Lexington Income Tax, please complete and return this questionnaire promptly.

1. **Local name, address & phone # as used for business purposes:** **FID# OR SS#** _____

Trade Name _____ Phone Number _____

Location _____

2. **Is above address main office or branch office?** _____

3. **If branch, give name and address of main office:**

Name _____

Address _____ City _____ State _____ Zip _____

4 a. **Nature of business conducted:** _____

4 b. **Business start date within the Village:** _____

5. **Accounting period used for Federal Income Tax purposes:** Calendar Year ending December 31

(Check which – if Fiscal Year, write in ending date) Fiscal Year ending _____

6. **Do you now employ one or more persons?** _____ 7. **Do you expect to have employees in the future?** _____

Note: You may have persons in your employ who are subject to Lexington Income Tax, but from whom you are not required to withhold the Village Tax. For example, complete employer-employee relationships do not exist as in the case of labor, independent commission sales, brokers, etc.

8. **Do you at any time during the year employ persons who are subject to Lexington Income Tax and from whom you do not withhold the Village tax?** _____ Attach list of such persons, showing names, addresses and Social Security numbers.

9. **Type of ownership – check which:**
 Individual proprietorship Corporation Partnership Non-profit Corporation Association

10. **If Partnership, association or other unincorporated joint business venture, indicate HOW the Lexington Income Tax Return, upon the net profit, will be filed and paid. Check which:**

(a) in full by the business _____; or (b) separately by the individual members on proportionate shares _____ .

11. Address to which tax forms are to be mailed:

Send Business Net Profit Tax Return Forms to:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

Send Withholding Report Tax Forms to:

Name _____

Care of _____

Street Address _____

City _____ State _____ Zip _____

Note: If all forms go to same address, complete left side only, and write "Same" across face of right side.
(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

12. **Owner's name and address:**

(a) If individual proprietorship, give owner's name and address:

Name _____

Street Address _____

City _____ State _____ Zip _____

(b) If corporate subsidiary, give name and address of parent company main office:

Name _____

Street Address _____

City _____ State _____ Zip _____

(c) If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture:

NAME	STREET ADDRESS	CITY	STATE	ZIP
(1)				
(2)				
(3)				

Note: Throughout this questionnaire wherever listings are requested—attach separate lists if sufficient spaces have not been provided.

13. **Do you also conduct your business, as named in question 1, from OTHER LOCATIONS within the Village of Lexington? If you do, list addresses of the other locations within Lexington:**

(1) _____

(2) _____

14. **Do you operate any OTHER BUSINESS within the Village of Lexington? _____ If you do, list:**

Trade Name	Street Address	Nature of Business
------------	----------------	--------------------

(1) _____

(2) _____

15. **With reference to real estate properties located WITHIN the Village of Lexington:**

(a) Does the business occupy, as tenant, real property in Lexington rented FROM others? _____ If so, to whom is rent paid?
(Give owner if known, otherwise his agent.)

NAME	STREET ADDRESS	CITY	STATE	ZIP
(1)				
(2)				

SUPPLEMENTAL INFORMATION

16a. _____

16b. **If this is a voluntary employer withholding only, please list name(s) and address of each employee:**

Information hereby submitted is true and correct. – Signature:

Name (if individual) _____

Company _____

Date signed _____

By _____

Phone (____) _____ Ext. _____

Title _____

Address _____

City _____ State _____ Zip _____