

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. **Please note that the Federal ID Number will be your account number.** You will not receive a notice of receipt unless specifically requested.

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:

Send Withholding Report Tax Forms to:

Name _____

Name _____

Care of _____

Care of _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

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 _____

