## City of Clyde, Ohio INCOME TAX DEPARTMENT BUSINESS & INDIVIDUAL QUESTIONNAIRE

| Jame of Business/Individual:   |                             |  |
|--|-----------------------------|--|
| Contact Person   |                             |  |
| Address:   |                             |  |
| CityStateZip   | ) + 4:                      |  |
| ype of Ownership: Individual/Sole Propr<br>*Sub Chapter S-Corp                           |                             | n *Partnership *LLC<br>t Other – specify |
| f registering a pass-through entity, please fill o                                       | ut page 2.                  |  |
| Gederal ID Number/Social Security Number:  |                             |  |
| Nature of Business:  |                             |  |
| Location of Job Site:  |                             |  |
| Are you withholding Clyde Tax for a Clyde res  | ident(courtesy withholding  | g)No                                     |
| Number of employees working in Clyde:  | _ Date business started in  | Clyde: Date of first payroll:_           |
| Accounting period for federal income tax purpo   | oses: Calendar Year         | Fiscal Year Ending:                      |
|  |                             |  |
| Tax forms are no longer mailed except upon re  | equest. All forms are avail | able on the City of Clyde website at     |
| www.clydeohio.org or you may file your return  | ns via the Ohio Business C  | Sateway at www.business.ohio.gov.        |
|  |                             |  |
| Address for net profit account:  |                             | Address for withholding account:         |
| Name:  | Name:_                      |  |
| C/O:   | C/O:                        |  |
| Address:   |                             | :  |
| City: State Zip:_  |                             | State Zip: _                             |
| Phone:   | Phone:_                     |  |
| Fax:   | Fax:                        |  |
| E-mail:  | E-mail:_                    |  |
| Will you be using a third party to process pay   | yroll? Yes No               | If so, what company?                     |
| (For Contractors Only) Will some of the wor<br>If yes, please submit a list including na |                             |  |
| ir jes, pieuse suomit a not meruding na  | anes, addresses and phone   |  |
| The information hereby submitted, including  | any accompanying lists an   | ad statements, is true and correct.      |
| Signature  | Date                        | Phone                                    |
| Mail-fax or email completed form to:   | If you have question        | ons, contact:                            |
| Clyde City Income Tax  | Clyda City Incom            | ne Tay                                   |
| VIVUL VILV HILDING 148   |                             | 43 · 44 A                                |

Clyde City Income Tax 225 N. Main St Cldye, Ohio 43410 Clyde City Income Tax

Phone: 419-547-8917 Fax: 419-547-8968

E-mail: tax@clydeohio.org

## City of Clyde, Ohio INCOME TAX DEPARTMENT BUSINESS & INDIVIDUAL QUESTIONNAIRE

This page to be filled out for pass through entities only.

Please provide the following for each owner/partner/shareholder:

| Owner name   | % of business owned                      |                    |     |  |  |
|--------------|--|--------------------|-----|--|--|
|              | City                                     |                    |     |  |  |
|              | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   |  | of business owned_ |     |  |  |
| Address      | City                                     | State              | Zip |  |  |
| Phone number | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   |  | of business owned_ | ·   |  |  |
| Address      | City                                     | State              | Zip |  |  |
|              | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   |  | of business owned_ |     |  |  |
|              | City                                     |                    |     |  |  |
|              | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   | % of business owned                      |                    |     |  |  |
| Address      | City                                     | State              | Zip |  |  |
| Phone number | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   |  | of business owned_ |     |  |  |
| Address      | City                                     | State              | Zip |  |  |
|              | Social Security Number/Federal ID Number |                    |     |  |  |
| Owner name   | % of business owned                      |                    |     |  |  |
| Address      | City                                     | State              | Zip |  |  |
| Phone number | Social Security Number/Federal ID Number |                    |     |  |  |