

CITY OF RAVENNA, OHIO
Income Tax Department

P.O. Box 1215 - Ravenna, OH 44266-1215
Phone: (330)297-7817; Fax: (330)297-2164

Municipal Income Tax Business Questionnaire

Date: _____

Please complete and return this Questionnaire within ten (10) days. Attach additional information as necessary.

LOCAL INFORMATION

Business name: _____ DBA: _____

Local business address: _____ Ravenna, OH 4

Local business phone no: _____ Local business fax no: _____

Date business started in Ravenna: _____ Have you previously filed with Ravenna: Yes ___ No ___

Principal business activity (as listed on federal forms): _____

Name of accounting firm preparing your forms: _____

Address of accounting firm: _____

Do you make rent or lease payments: Yes ___ No ___ If yes, attach name and address of landlord(s).

Do you rent or lease real property to others: Yes ___ No ___ If yes, attach name and address of tenant(s).

PARENT COMPANY INFORMATION - If you are a corporate subsidiary

Main office address: _____

Main office phone no: _____ Main office fax no: _____

FILING INFORMATION - check which applies

_____ C Corporation
Federal ID no: _____ Fiscal year-end: _____
Mailing address for business return: _____

_____ S Corporation
Federal ID no: _____ Fiscal year-end: _____
President name: _____ Vice President: _____
Mailing address for business return: _____

_____ Partnership
Federal ID no: _____ Fiscal year-end: _____
Name/address: _____ SS#: _____
Name/address: _____ SS#: _____
Name/address: _____ SS#: _____
Mailing address for business return: _____

_____ Sole Proprietorship
Federal ID no: _____ (if applicable) SS#: _____
Owner name: _____ Home ph no: _____
Owner address: _____
Mailing address for business return: _____

EMPLOYEE WITHHOLDING INFORMATION

Will you be withholding more than \$100.00 per month in city taxes: Yes ___ No ___ Voluntary withholding: _____

Present number of employees in Ravenna: _____ Expected number of employees at end of fiscal year: _____

Date employees starting working in Ravenna: _____

Person responsible for payroll records: _____ Phone no: _____

Mailing Address for forms: _____

If you are using a payroll service, please indicate which one: _____

Thank you for your assistance,
City of Ravenna Income Tax Department