

BUSINESS QUESTIONNAIRE

VILLAGE OF LORDSTOWN INCOME TAX DEPARTMENT, 1455 SALT SPRINGS ROAD, LORDSTOWN, OH 44481
Phone: 330-824-2627 ~ Fax: 330-824-3703 ~ Website: www.Lordstown.com ~ E-mail: incometax@lordstownvillage.com

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Date: _____

To establish and maintain accurate records, the Village of Lordstown Income Tax Department requires that you complete and return this form.

PLEASE PRINT.

1. Federal I.D. No. _____ 2. Social Security No. _____
3. Local name and address as used for business purposes: Trade Name _____
Location _____ 4. Telephone # _____
5. Fax # _____ 6. E-mail address _____
7. Nature of business _____
8. Date business started in Lordstown _____ 9. Date began work in the Village _____
10. Accounting period for Federal Tax: _____ Calendar Year ending Dec. 31 _____ Fiscal Year ending _____
11. Do you employ one or more persons? ____ 12. Will you withhold \$100.00 or more monthly in Lordstown income tax? ____
13. If a payroll service is used please give name of service, contact person and telephone number. _____

14. Type of ownership: _____ Individual Proprietorship _____ Corporation _____ S Corp _____ Partnership
_____ LLC _____ Non-Profit Corporation _____ Other: _____
15. If partnership, association, or other unincorporated joint business venture, not located in the Village limits, how will the
Lordstown Net Profit Tax Return be filed? ____ In full by the business ____ Separately by individual partners on their
proportionate shares (list partners on page 2). **The pass through entity must file if located in the Village.**
16. Send Business Net Profit Form to: _____ Send Withholding Forms To: _____
Name _____ Name _____
Care of _____ Care of _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Telephone _____ Telephone _____
17. Owner's name and address:
- | | |
|--|---|
| If individual proprietorship give owner's
name and address. | If corporate subsidiary give name and address of parent
company main office. |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |

COMPLETE QUESTIONS ON REVERSE SIDE

18. If partnership, association, or other unincorporated joint business venture list names and addresses of partners if they elect to pay tax on their proportionate shares:

	Name	Address	City	State	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

19. With reference to real estate properties located within the Village does the business occupy, as tenant, real property rented or leased from others? _____ If yes, to whom is rent paid? (Give owner or agent, address and phone #).

	Name	Address	City	State	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

20. If you are renting or leasing property to others, we require you to provide the name and address of the individual(s) 2 or business renting or leasing the property.

21. What is the location where you are working?

22. The information hereby submitted is true and correct.

Company

Questionnaire prepared by

Address

City

State

Zip

Telephone

Extension

E-mail Address

Signature

Title

Date