Village of New Boston
Lori Jordan, Tax Director
3980 Rhodes Avenue
New Boston, OH 45662
740-456-4103 Fax No. 740-456-6473

BUSINESS CONFIDENTIAL INCOME TAX QUESTIONNAIRE

1. Name of Firm _____
2. New Boston Street Address _____
3. Federal Identification No. or SSN: (Used as the account number) _____
4. Address where tax forms are to be mailed. _____

   _____
5. Accounting Period: _____ Calendar Year _____FYE ending: _____
6. Nature of Business _____
7. Date Work Started _____
8. Type of Business: (Circle one) Corporation Proprietorship Professional Partnership

   Other If other, please explain _____
9. Number of Employees _____
10. Do you wish to pay withholding quarterly, monthly or semi-monthly _____
11. Please indicate name and address of previous owner and the name of the business____

    _____

Date: _____ Name: _____ Title _____
(Signature)