

CITY OF MOUNT VERNON, OHIO
BUSINESS QUESTIONNAIRE

Lisa M. Brown
Administrator
www.mountvernonohio.org

Division of Income Tax
3 North Gay Street, Suite A
Mount Vernon, OH 43050
Phone 740-393-9524
Fax 740-397-5293

Name: _____

Address: _____

Please **answer the questions listed below** and the proper imprinted income tax forms will be mailed to meet your requirements. In the event you will be filing under a name other than shown above, please indicate same. **Return this Questionnaire at once in the business reply envelope provided.**

Check type of Organization: Individual Owner _____ Corporation _____ Partnership _____ Limited Partnership _____

Federal ID No. _____ Social Security No. _____

Business Address within Mount Vernon City limits _____

Type of Business _____

Date you started this Mount Vernon Business _____

Date you started this Mount Vernon Project _____ Completion Date of Project _____

Do you have employees living or working in Mount Vernon Yes _____ No _____ Approximate No. _____

If corporation, give address to which Income Tax forms should be mailed _____

If foreign corporation, give name & address of Ohio Statutory agent _____

If partnership, give name and home address of each partner _____

If individual owner, give home address _____

Is this a new business _____ Did you purchase a going business _____ If so, give name and present address of prior

Owner _____

Will return be filed on calendar year basis? _____ Fiscal year basis _____ Fiscal year closing date _____

Telephone Number _____ Signature _____

Date: _____ Title _____

Address _____

City _____

List:

General Contractor and address _____

Subcontractor (s) and address (es):

Notes, comments or additional information