

CITY OF WICKLIFFE

MUNICIPAL INCOME TAX DEPARTMENT... TAX QUESTIONNAIRE

Company Name: _____ Phone _____
DBA: _____ Fax # _____

Address: _____

Mailing Address: _____

(if different from above)

Home Office: _____

(if applicable)

Federal ID#: _____ Nature of Business: _____

Job Location:

Business Organization: Sole Proprietor _____ Partnership _____

Corporation _____ Other _____

Date of completion of this form: _____

For Corporations, list full name, address, social security numbers and phone numbers of each Officer:

(use back of form if more space is needed):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

For Sole Proprietorship, list full name, address, social security number and phone number:

For Partnership Entities, list full names, addresses and social security numbers and phone numbers of Each Partner: (use back of form if more space is needed)

- 1) _____
- 2) _____
- 3) _____

Accounting Period: Calendar Year: _____ Fiscal Year: _____ Month Ending: _____

Date Wickliffe Business operations began: _____

Company's Accountant: _____

PAYROLL INFORMATION:

Company Payroll contact: _____

Are you a Residence Tax withholder only? _____

Date Payroll began in Wickliffe: _____

Approximate number of Wickliffe Employees: _____

Will City withholding tax exceed \$100 per month? _____

Do you presently use an outside payroll service? _____

Does your outside payroll service require start up information from Wickliffe? _____

Do you lease employees from an employment agency? _____

If yes, Please provide name of Agency: _____

Full Name, address and phone number of the person(s) or entity to whom your Wickliffe location pays rent: _____

Above information is required – Forward completed form to: City of Wickliffe – Income Tax Department
P.O. Box 125, Wickliffe, Ohio 44092-0125

Form maybe faxed to :440-943-7119

Questions can be answered by the Tax Department at 440-943-7180.

