



BUSINESS AND PROFESSIONAL QUESTIONNAIRE
CITY OF WAPAKONETA
INCOME TAX DEPARTMENT
701 PARLETTE CT, P. O. BOX 269
WAPAKONETA, OHIO 45895-0269
(419) 738-7342
(419) 738-4762 Fax

Please complete this questionnaire and return it to the Income Tax Department. Information provided will be used exclusively for income tax purposes and will not be further disclosed.

Name _____ dba _____

Address _____ City/State/Zip _____

Telephone # _____ Fax # _____ E-Mail _____

Federal Employer ID or Social Security No. _____

Nature of business conducted: _____

Accounting method (check one) calendar year ending December 31 fiscal year ending _____

Do you now employ one or more persons? _____ If yes, how many? _____ If no, will you? _____

Date that your business began operating within the City of Wapakoneta _____

Type of ownership: Proprietorship Partnership
 S Corp Non-profit Corporation
 C Corp Other – Specify _____

If the business is located outside of the City of Wapakoneta, are you withholding income taxes as a courtesy for your employees?

Address to which tax forms, notifications and official correspondence are to be mailed:

Business Name _____ Attention _____

Address _____ City/State/Zip _____

Phone Number (_____) _____ Fax Number (_____) _____

Signature of individual completing form and title _____

Printed Name _____ Date _____

Acct No. _____