

**VILLAGE OF WEST JEFFERSON \*\*\* INCOME TAX DEPARTMENT**  
28 E. Main St., West Jefferson, Oh 43162 \* (614) 879-9757 \* Fax (614) 879-5338

**BUSINESS/PROFESSIONAL QUESTIONNAIRE**

The Village of West Jefferson has a 1% income tax. Please complete and return this questionnaire promptly in the self-addressed envelope enclosed.

1. Trade Name \_\_\_\_\_  
Location \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Date business started in West Jefferson \_\_\_\_\_
2. Is above address main office or branch office? \_\_\_\_\_
3. If branch, give name and address of main office.  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Nature of business conducted \_\_\_\_\_
5. Accounting period used Federal Income Tax purposes: \_\_\_\_\_ Calendar Year ending December 31  
(Check which - if Fiscal Year, write in ending date) \_\_\_\_\_ Fiscal Year ending \_\_\_\_\_
6. Do you now employ one or more persons? \_\_\_\_\_
7. Do you expect to have employees in the future? \_\_\_\_\_  
Note: You may have persons in your employ who are subject to West Jefferson Income Tax, but from whom you are not required to withhold the Village Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.
8. Do you at any time during the year employ persons who are subject to West Jefferson Income Tax and from whom you do not withhold the Village Tax? \_\_\_\_\_ Attach list of such persons, showing names and addresses.
9. Type of ownership - check which:  
Proprietorship \_\_\_\_\_; Corporation \_\_\_\_\_; Partnership \_\_\_\_\_; Non-profit Corporation \_\_\_\_\_; Association \_\_\_\_\_
10. If partnership, association or other unincorporated joint business venture, indicate How the West Jefferson Income Tax Return, upon the net profit, will be filed and paid. Check which:  
(a) in full by the business \_\_\_\_\_; or (b) separately the individual members or proportionate shares \_\_\_\_\_
11. Address to which tax forms are to be mailed:  
Send Business Net Profit Tax Return Form to:      Send Withholding Tax Form to:  
Name \_\_\_\_\_      Name \_\_\_\_\_  
Care of \_\_\_\_\_      Care of \_\_\_\_\_  
Street Address \_\_\_\_\_      Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Note: If all forms go to same address, complete left side only, and write "Same" across face of right side.

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

12. Owner's name and address:

(a) If individual proprietorship, give owner's name and address:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(b) If corporate subsidiary, give name and address of parent company main office:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture:

Name	Street Address	City	State	Zip
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

NOTE: Throughout this questionnaire wherever listings are requested - Attach separate lists if sufficient spaces have not been provided.

13. Do you also conduct your business, as Named in question 1. from OTHER LOCATIONS within the City of West Jefferson? If you do, list address of the other locations within West Jefferson

(1) \_\_\_\_\_ (2) \_\_\_\_\_

14. Do you operate any OTHER BUSINESSES within the City of West Jefferson? \_\_\_\_\_ If you do, list:

Trade Name	Street Address	Nature of Business
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

15. With reference to real estate properties located WITHIN the City of West Jefferson:

(a) Does the business occupy, as tenant, real property in WEST JEFFERSON rented FROM others? \_\_\_\_\_ If so, to whom is rent paid? (Give owner if know, otherwise his agent)

Name	Street Address	City	State	Zip
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

SUPPLEMENTAL INFORMATION

\_\_\_\_\_

The information hereby submitted is true and correct. - Signature:

Name (if individual) \_\_\_\_\_ Company \_\_\_\_\_

Date Signed \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_

Your Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_