



BUSINESS QUESTIONNAIRE

CITY OF NEWTON FALLS
419 NORTH CENTER STREET
NEWTON FALLS, OH 44444
PHONE (330) 872-0080 FAX: (330) 872-1010
PLEASE PRINT OR TYPE

1. OWNER'S NAME: _____ SOCIAL SECURITY NUMBER: _____
AND
2. TRADE NAME: _____ EMPLOYER'S FEDERAL I.D.: _____
3. ADDRESS: _____
4. IF A BRANCH, GIVE NAME AND ADDRESS OF MAIN OFFICE:
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE: () _____
5. ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
6. LOCAL PHONE NO.: _____ DATE STARTED IN NEWTON FALLS: _____
7. NATURE OF BUSINESS CONDUCTED: _____
8. TYPE OF OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL
(Check all that apply): NON-PROFIT CORPORATION OTHER: _____
9. ACCOUNTING PERIOD USED: CALENDAR YR FISCAL YEAR ENDING: _____
10. DO YOU EMPLOY ONE OR MORE PERSONS?: YES - NUMBER OF EMPLOYEES: _____
 NO - DO YOU EXPECT TO HAVE EMPLOYEES IN THE FUTURE?: YES NO
11. NAME AND ADDRESS TO WHICH WITHHOLDING FORMS ARE TO BE MAILED IF DEFFERENT THAN ITEM 5:
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
12. DO YOU EMPLOY PERSONS WHO ARE SUBJECT TO NEWTON FALLS INCOME TAX AND FROM WHOM YOU DO NOT WITHHOLD TAX? YES NO

13. LIST NAMES, ADDRESSES, AND SOCIAL SECURITY NUMBERS OF ALL OFFICERS, PARTNERS, AND/OR ASSOCIATES. A SEPARATE SHEET MAY BE USED IF ADDITIONAL SPACE IS REQUIRED.

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

14. DOES YOUR BUSINESS OCCUPY AS TENANT REAL PROPERTY IN NEWTON FALLS - RENTED FROM OTHERS?
 YES NO

15. IF YES, TO WHOM IS RENT PAID? GIVE NAME AND ADDRESS OF OWNER OR AGENT.

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____

SUPPLEMENTAL INFORMATION: _____

16. The Company is working inside the city limits of Newton Falls. Yes ___ No ___

Signature and Title

Date

FAILURE TO FILE THIS FORM MAY RESULT IN THE IMPOSITION OF PENALTIES PER THE INCOME TAX CODE.
ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY
IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL (330) 872-0080.