



NEWTON FALLS INCOME TAX
419 N CENTER ST
NEWTON FALLS, OH 44444
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Office Hours: Monday – Friday 8am – 4:00pm

BUSINESS QUESTIONNAIRE

PLEASE PRINT OR TYPE

1. OWNER'S NAME: _____ SOCIAL SECURITY NUMBER: _____
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 YEAR FISCAL YEAR ENDING: _____
10. DO YOU EMPLOY ONE OR MORE PERSONS? YES – NUMBER OF EMPLOYEES _____ NO
IF 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 DIFFERENT 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: _____ SOCIAL SECURITY NO. _____
14. DOES YOUR BUSINESS OCCUPY AS TENANT RENTAL REAL PROPERTY IN NEWTON FALLS? YES NO
15. IF YES, TO WHOM IS RENT PAID? GIVE NAME AND ADDRESS OF OWNER OR AGENT.
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

(OVER)

SUPPLEMENTAL INFORMATION: _____

16. IS THE COMPANY WORKING INSIDE THE CITY LIMITS OF NEWTON FALLS? YES NO

IF YES – ADDRESS WHERE YOU ARE WORKING _____

IF NO -- ARE YOU ONLY WITHHOLDING FOR EMPLOYEES LIVING IN NEWTON FALLS? YES NO

Please list the employees and addresses:

Employee Name

Employee Address

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 QUESTION REGARDING THIS FORM, PLEASE CALL (330) 872-0080.