

**QUESTIONNAIRE**  
**ASHLAND MUNICIPAL INCOME TAX**  
**218 LUTHER STREET**  
**ASHLAND OHIO 44805-3128**  
Phone (419) 289-0386 - Fax (419) 289-9225

**THIS FORM MUST BE FILED WITH THE ASHLAND MUNICIPAL INCOME TAX OFFICE PRIOR TO CONTRACT APPROVAL AND/OR PERMIT ISSUANCE.**

1. Starting Date \_\_\_\_\_.
2. Name of Business \_\_\_\_\_.
3. Address \_\_\_\_\_.
4. If above is a branch office; give address of main office \_\_\_\_\_  
\_\_\_\_\_.
5. Fax number \_\_\_\_\_ Nature of Business \_\_\_\_\_  
\_\_\_\_\_.
6. Accounting Period \_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_.
7. Do you presently employ one or more persons? \_\_\_\_\_.
8. If not, do you expect to have employees in the future? \_\_\_\_\_.
9. Type of ownership (check one) \_\_\_\_\_, Corporation \_\_\_\_\_, Partnership \_\_\_\_\_, Non-Profit \_\_\_\_\_, Assoc. \_\_\_\_\_, Individual Proprietorship \_\_\_\_\_.
10. If partnership, association or other unincorporated joint business venture, indicate how the Ashland City income tax return will be filed and paid: In full by business \_\_\_\_\_ or separately by individuals (give complete name(s) and address (es) on reverse side of form) \_\_\_\_\_.
11. Send net profit returns to: \_\_\_\_\_  
(complete name and address) \_\_\_\_\_  
\_\_\_\_\_
- Send withholding forms to: \_\_\_\_\_  
(complete name and address) \_\_\_\_\_  
\_\_\_\_\_
12. Does your business rent from others \_\_\_\_ Yes \_\_\_\_ No. If yes, please indicate complete name and address of property owner \_\_\_\_\_  
\_\_\_\_\_.
13. Federal I.D. Number \_\_\_\_\_ Name and address of statutory agent (This must be complete) \_\_\_\_\_  
\_\_\_\_\_.
14. List complete names, addresses, and phone numbers of sub-contractors and estimate of time spent working in Ashland on reverse side.
15. Signed \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Phone Number \_\_\_\_\_