



The City of Urbana Income Tax

225 South Main Street, P.O. Box 747, Urbana, Ohio 43078 | IncomeTax@ci.urbana.oh.us

Phone: (937) 652-4314 | Fax: (937) 652-5117

Office Hours: Weekdays 8 AM – 4:30 PM

Business & Professional Questionnaire

For the purpose of establishing an account with the City of Urbana for the filing of business tax returns, remitting withholding taxes, or both. Please complete and return this questionnaire promptly. Once the questionnaire is processed by our office, we will assign and email you an account number along with filing instructions.

Courtesy withholders, please complete section 1, 2, 9, 11, 12 and 13.

1) Type of Organization: (Please check one)

☐ Corporation ☐ S-Corp ☐ Non-Profit Federal Tax ID (FEIN): _____
☐ Sole Proprietor ☐ LLC ☐ Partnership Social Security No: _____

2) Local name and address as used for business purposes:

Business Name: _____

Address: _____

City/State/Zip: _____

Telephone No: _____ Email: _____

3) Nature of business conducted: _____

NAICS Code: _____

4) Accounting period used for Federal Income Tax Purposes:

☐ Calendar year ending on December 31 OR ☐ Fiscal year ending on _____

5) Date operation began in Urbana: _____

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

Name: _____

Address: _____

City/State/Zip: _____

7) If sole proprietor, give owner's name and address:

Name: _____

Address: _____

City/State/Zip: _____

8) If partnership, list names, addresses and contact numbers: (Attach list if necessary)

Name	Address	Contact Number
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a) _____

b) _____

c) _____



9) Send Payroll/Tax Forms to: (if different from address in #2)

Name: _____
Care of: _____
Address: _____

City State Zip Code

10) Is your business space WITHIN the City of Urbana leased? If so, to whom is rent paid: (list owner's name)

Name: _____
Address: _____

City State Zip Code

11) Estimated Monthly Payroll: \$ _____ X.014= _____ (estimated tax withheld)

Monthly (if income tax withheld is over \$200 per month)

Quarterly (if income tax withheld is less than \$200 per month)

12) Please complete the statements below:

- (A) Number of employees (if sole proprietor do not include yourself)
Full-time: _____ Part-time: _____
- (B) Date when employees began working in Urbana _____
- (C) We have no employees working in Urbana. We wish to withhold as a courtesy for employees who live in Urbana starting _____

13) Does your organization use a payroll service? If so, provide name: _____

14) For Contractors/Sub-Contractors Only:

- (A) Are you a general contractor or sub-contractor?

General Contractor Sub-Contractor

(B) Location of current job: _____

(C) Estimated dates of job: From _____ To _____

(D) Will you be doing more than one project in Urbana?

No Yes (list project information on a separate sheet)

(E) Name and address of person contracting the project:

Name: _____
Address: _____

This information hereby submitted is true and correct.

Signature: _____ Date: _____

Please print the above signature: _____