CITY OF MARIETTA

MUNICIPAL INCOME TAX DEPARTMENT 301 PUTNAM STREET MARIETTA, OHIO 45750-3075 PHONE 373-4032

For the purpose of our records, with regard to the City of Marietta Income Tax, PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE PROMPTLY. NAME STREET..... CITY..... FEDERAL ID #/SS#..... PHONE.... BUSINESS QUESTIONNAIRE 1. Local name and address as used for business purposes: Business or Trade Name Location Within City?

Yes □ No 2. Is above address main office, or branch office? 3. If branch, give name and address of main office. Name _____ 5. Name and address of previous owner 6. Accounting period used for Federal Income Tax Purposes:

Calendar Year ending December 31. (Check which—if Fiscal Year, write in ending date) Fiscal Year Ending 7. Who prepares your Financial Statements and Tax Returns? 8. Do you now employ one or more persons? 9. Do you expect to have employees in the future? Note: You may have persons in your employ, and subject to the Marletta Income Tax, but from whom you are not required to withhold the City Tax. For example, contract labor, independent commission sales brokers, etc., or your business may be located outside the city limits. The next question covers such cases. 10. Do you at any time during the year employ persons who are subject to the Marietta Income Tax and from whom you do NOT withhold the City Tax? ATTACH LIST OF SUCH PERSONS, SHOWING NAMES AND ADDRESSES OR LIST UNDER SUPPLEMENTARY INFORMATION, LINE 19. 11. Type of ownership—check which: Individual proprietorship; Corporation; Partnership; Non-profit Corporation Association Other (write in) 12. Address to which tax forms are to be mailed: Send Business Net Profit Tax Return Forms to: Send Withholding Report Tax Forms to: Name ____ Name ____ Care of _____ Care of Street Address Street Address City Zone State City Zone State Note: If all forms go to same address, complete left side only, and write, "Same" across face of right side.