

**City of Warren, Ohio Income Tax Division  
BUSINESS QUESTIONNAIRE**

**This Questionnaire must be completed and returned to this office by \_\_\_\_\_, whether or not there is any liability for Warren City Income Tax (Ordinance 9126/81).**

**BUSINESS NAME:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

If all tax is being paid under another name, list name, address and account number below:

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1. Date your business started (or will start) in Warren

\_\_\_\_\_

**(To set up a Courtesy Withholding account for a Warren resident, proceed to question 4.)**

How acquired (Check one)

- ☐ New Business  
☐ Purchased  
☐ Reorganization  
☐ Other

List name of former owner, if any, below:

\_\_\_\_\_

2. **List actual address of your rental properties:**

\_\_\_\_\_  
\_\_\_\_\_

3. Principal business activities: \_\_\_\_\_

4. Do you have employees? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

Date you first had employees \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate monthly payroll applicable to the City of Warren \$\_\_\_\_\_  
(You are required to make monthly withholding payments if your liability exceeds \$200.00 per month. The Warren city tax rate is 2.5 %.)

**For \*\* COURTESY ONLY \*\* Address of employee:** \_\_\_\_\_

**\*\*If using a Payroll Service, indicate which one:** \_\_\_\_\_

5. Federal Employer Identification Number: \_\_\_\_\_

6. Account period used: (Check one. If fiscal, write ending date.)

☐ Calendar year ending December 31

☐ Fiscal year ending \_\_\_\_\_

7. State whether business is:

☐ Individual Proprietorship

☐ Partnership

☐ Corporation

☐ Nonprofit Corporation

☐ Sub Chapter S Corporation

☐ LLC (*Not an individual*)

☐ Single Member LLC, filing as an Individual

☐ Other (state type) \_\_\_\_\_

8. Name, address and Social Security Number(s) of owner, partners or officers  
(President and Treasurer)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

SSN \_\_\_\_\_

SSN \_\_\_\_\_

9. Person this office should contact concerning city tax matters. (Do not list outside Accountants.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT:

NAME (Type or print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**THIS DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES IN ADDRESS,  
OWNERSHIP, OR TERMINATION OF BUSINESS.**

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS QUESTIONNAIRE,  
PLEASE CALL 330- 841-2625 OR FAX US AT 330-841-2626. ALL FORMS ARE  
LISTED ON OUR WEB SITE AT [www.Warren.org](http://www.Warren.org). THANK YOU FOR YOUR  
COOPERATION.**

**CITY OF WARREN, OHIO  
INCOME TAX DIVISION  
PO BOX 230  
WARREN, OHIO 44482**