

CITY OF WARREN, OHIO INCOME TAX DEPARTMENT

CONTRACTOR QUESTIONNAIRE

This Questionnaire must be completed and returned to this office upon receipt, whether or not there is any liability for Warren City Income Tax (Ordinance 9 126/81). All contractors must file on any profit or loss derived from work performed in our city.

NAME: _____

DBA: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

1. Date your work will start in Warren _____

****How long do you anticipate working in Warren or how long have you worked in Warren**

2. Name and Address of work location _____

3. Principal Business Activity _____

4. Do you have employees who will be working at the job site? YES or NO (please circle)

****The front page of the federal form filed with the IRS for your company in the prior tax year must be submitted with this Questionnaire****(If you do not have any employees or sub out work to other contractors, you must provide our office with a list of subcontractors. You must provide under separate cover their names, addresses and SSN and/or Federal ID numbers.)

5. Company Federal Identification Number _____

*For tax purposes, does your business file a calendar or fiscal year ending tax return _____

6. State whether your business is:

Individual Proprietorship

Partnership

Corporation

Sub Chapter S Corporation

LLC *Single Member or Multiple Members (please circle)*

Other *(state type)*

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

*****NOTE It is required that you provide a responsible individual's social security number. If you do not provide this number you will not be granted a city identification number*****

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Title _____

Title _____ SSN _____

8. Person to contact regarding city tax matters.

(Please do not list outside Accountants)

Name _____ Phone Number _____

Office Fax Number _____ Email Address _____

I certify that the above information is true and correct:

Names (Type or Print) _____

Signature _____ Date _____

Title _____ Phone Number _____

This department must be notified of any changes in address, ownership or termination of business. You must also contact our office with any subcontractor changes. If you have any questions, please contact our office

**(330) 841.2551 Fax (330) 841.2626
or email @ ssomich@warren.org (330) 841.2623**

Thank you for your cooperation.

**City of Warren Ohio
Income Tax Department
PO Box 230
Warren, Ohio 44482
www.warren.org**