

**VANDALIA – BROOKVILLE  
BUTLER TOWNSHIP JEDD – BUTLER TOWNSHIP JEDZ  
OFFICIAL INCOME TAX BUSINESS QUESTIONNAIRE**

City of Vandalia Income Tax Office  
P.O. Box 727  
Vandalia, OH 45377-0727

**PLEASE COMPLETE AND RETURN THIS FORM WITHIN FIFTEEN (15) DAYS - DO NOT DISREGARD**

*The information requested on this form is essential for the completion of our records and will be kept confidential.*

**Check locality as needed:      Vandalia      Brookville      Butler Twp JEDD      Butler Twp JEDZ**

**1. Name of Company:** \_\_\_\_\_ **Federal I.D. Number:** \_\_\_\_\_

**Trade Name (if different):** \_\_\_\_\_

**Location of work site in City/JEDD/JEDZ:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**2. Nature of Business:** \_\_\_\_\_

**3. Date business or contract began in city:** \_\_\_\_\_

**Is your business withholding as a courtesy to your resident employees only?**      Yes      No  
(If yes, please complete question 9, sign the bottom of page 2, and return the questionnaire to our office.)

**4. Accounting period (Check one):**      Calendar Year      Fiscal Year Ending: \_\_\_\_\_

**5. Type of Organization (Check one):**

Sole Proprietor      Corporation      Partnership      LLC      Other: \_\_\_\_\_

**6. Do you now employ one or more persons?**      Yes      No

If yes, how many? \_\_\_\_\_ Date employees began working in City/JEDD/JEDZ: \_\_\_\_\_

If no, will you have employees in the future?      Yes      No      Date employees will begin: \_\_\_\_\_

**Note: Withholding payments must be remitted monthly unless quarterly filing is requested in writing and approved by the Tax Commissioner.**

**7. Does your business occupy, as a tenant, real property in City/JEDD/JEDZ?**      Yes      No  
If yes, give name and address to whom rent is paid. (Owner or Owner's Agent)

Name	Address	City/State	Zip Code

**8. Does your business have persons in your employ at any time during the year that are subject to the Local Income Tax but from whom you are not required to withhold?**  
(For example: Contract labor, Contractors, Subcontractors)      Yes      No  
If yes, attach a list providing name(s) and address(es).

**9. Whom should the Tax Office contact about Local Tax Withholdings?**

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**10. Whom should the Tax Office contact about Corporate Income Tax?**

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

<b>11. If Sole Proprietor, complete the following:</b>			
<b>Owner's Name:</b>		<b>Social Security No.:</b>	
<b>Owner's Address:</b>			
<b>12. If Corporation, list names, addresses and social security numbers of all principal corporate officers:</b>			
<b>Name</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>
<b>13. If Partnership, Association or other Unincorporated Joint Business Venture, list names, addresses and social security numbers of partners, associates or members:</b>			
<b>Name</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>
<b>14. If Contractor or Subcontractor, list names and addresses of parties from whom contracted or subcontracted:</b>			
<b>Name</b>	<b>Address</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Location of job:</b>			
<b>Probable length of job:</b>		<b>From:</b>	<b>To:</b>
<b>Are you now or will you be doing more than one job in the City/JEDD/JEDZ?</b>		<b>Yes</b>	<b>No</b>
<i>The information hereby submitted is true, correct, and complete to the best of my knowledge.</i>			
<b>Name (please print):</b>		<b>Company:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Title:</b>		<b>Phone:</b>	
<p><b>IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CONTACT THE VANDALIA TAX OFFICE AT (937) 415-2240. Please mail, fax or e-mail this completed form to:</b></p> <p style="margin-left: 100px;"> <b>City of Vandalia Income Tax Office</b>  <b>P.O. Box 727</b>  <b>Vandalia, OH 45377</b>  <b>Fax Number: (937) 415-2361</b>  <b>E-mail: <a href="mailto:tax@vandaliaohio.org">tax@vandaliaohio.org</a></b> </p>			