City of Reading, Ohio

INCOME TAX BUREAU
1000 MARKET STREET
READING, OHIO 45215-3283

(513) 733-0300
shoelmer@readingohio.org
rgrein@readingohio.org

Account # (WILL BE THE FEIN) _____

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

1. Name of Business _____

   Federal ID Number_____ (If Corporation) Social Security Number _____

2. Name of Officer(s)(If Corporation) _____

3. Business Address (Reading) _____

   a. Is Reading address: ☐ Home Office ☐ Branch Office

   b. Do you own the Reading property where your business is located? ☐ Yes ☐ No

   c. If No, give name and address of landlord: _____

   _____

4. Mailing Address (If Different) _____

5. Telephone (___)_____ Fax (___) _____ E-MAIL _____

6. Opening Date of Business (in Reading) _____

TYPE OF ORGANIZATION:

☐ Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-Profit

If a Partnership, Association, or other Unincorporated Joint Business Venture, indicate how the Reading Income Tax Return, based upon the net profit, will be filed and paid:

☐ In Full By the Business ☐ Separately by Individual Members

If a Corporation or Partnership, give name(s) and Address of Officers or Partners:

_____

_____

7. Number of Employees at the Reading Address: _____

8. Does Your Company Lease it's Employees? ☐ Yes ☐ No If Yes, Name of Company_____

9. Does Your Company Use a Payroll Service? ☐ Yes ☐ No If Yes, Name of Company_____

10. Business Accounting Period ☐ Calendar Year ☐ Fiscal Year Ending _____

11. Nature of Business _____

12. Do You have net profits attributable to Reading? ☐ Yes ☐ No

13. Do you Operate more than one Business in Reading? ☐ Yes ☐ No

    If Yes, give Name and Address of Business: _____

    _____

_____ _____ _____

Signature Title Date