

**City of Tiffin, Ohio**  
**INCOME TAX DEPARTMENT**  
**BUSINESS & INDIVIDUAL QUESTIONNAIRE**

Name of Business/Individual: \_\_\_\_\_  
Contact Person/Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip + 4: \_\_\_\_\_

Type of Ownership:    ( ) Individual Proprietorship    ( ) Corporation    ( ) Limited Partnership  
                          ( ) Individual                    ( ) Sub Chapter S                    ( ) Non-Profit                    ( ) Association

Federal ID Number/Social Security Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Location of Job Site: \_\_\_\_\_

Name/address of previous owner (if applicable): \_\_\_\_\_

Number of employees working in Tiffin: \_\_\_\_\_

Date business started: \_\_\_\_\_ Date of first payroll: \_\_\_\_\_

Accounting period for federal income tax purposes:  
                          Calendar Year Ending December 31            or            Fiscal Year Ending: \_\_\_\_\_

Is the above address main office or branch?

                          Address to which tax forms are to be mailed:  
Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

                          Send withholding forms to:  
Name: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

(For Contractors Only) Will some of the work be subcontracted to others?            Yes            No  
                          If yes, please submit a list including names, addresses and phone numbers.

The information hereby submitted, including any accompanying lists and statements, is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Mail completed form to:

If you have questions, contact:

**Tiffin City Income Tax**  
**P.O. Box 518**  
**Tiffin, Ohio 44883**

**Tiffin City Income Tax**  
**Phone: 419-448-5405    Fax: 419-448-5406**  
**E-mail: taxcommissioner@tiffinohio.gov**

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