



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/Sole Proprietorship Corporation *Partnership *LLC
 *Sub Chapter S-Corp Non-Profit Other – specify _____

*If registering a pass-through entity, please fill out page 2.

Federal ID Number/Social Security Number: _____

Nature of Business: _____ NAICS# _____

Location of Job Site: _____

Name/address of previous owner (if applicable): _____

Number of employees working in Tiffin: _____ Date business started in Tiffin: _____ Date of first payroll: _____

Accounting period for federal income tax purposes: Calendar Year Fiscal Year Ending: _____

Tax forms are no longer mailed except upon request. All forms are available on the City of Tiffin website at www.tiffinohio.gov or you may file your returns via the Ohio Business Gateway at www.business.ohio.gov.

Address for net profit account:

Address for withholding account:

Name: _____

Name: _____

C/O: _____

C/O: _____

Address: _____

Address: _____

City: _____ State _____ Zip: _____

City: _____ State _____ Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

Will withholding be remitted monthly quarterly? (See withholding guidelines on tax department website)

Will you be using a third party to process payroll? Yes No If so, what company? _____

(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: ineeley@tiffinohio.gov



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This page to be filled out for pass through entities only.

Please provide the following for each owner/partner/shareholder:

Owner name _____ % of business owned _____
Address _____ City _____ State _____ Zip _____
Phone number _____ Social Security Number/Federal ID Number _____

Owner name _____ % of business owned _____
Address _____ City _____ State _____ Zip _____
Phone number _____ Social Security Number/Federal ID Number _____

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Address _____ City _____ State _____ Zip _____
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