

CITY OF LOGAN, OHIO

INCOME TAX DEPARTMENT
10 S. Mulberry Street • P.O.Box 343
Logan, Ohio 43138
PHONE: (740) 385-2222

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

(For Tax Office Only)

FISCAL
PERIOD

CODE

ALPHA

CLASS

Starting Date: _____

F E I N # _____
or
SOC. SEC.# _____

For the purpose of our records with regard to Logan Income Tax, please complete this Questionnaire promptly and return in the enclosed self addressed envelope.

1. Name and address as used for business purposes:

Trade Name _____

Location _____

2. Nature of business conducted _____

3. Accounting period used for Federal Income Tax Purposes:
(Check which - if Fiscal Year, write in ending date)

☐ Calender Year ending December 31

☐ Fiscal Year ending _____

4. Do you now employ one or more persons? _____

5. Do you expect to have employees in the future? _____

Note: You may have persons in your employ who are subject to Logan Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

6. Do you at any time during the year employ persons **WHO ARE SUBJECT TO LOGAN INCOME TAX** and from whom you do **NOT** withhold the City Income Tax? _____ **ATTACH LIST OF SUCH PERSONS**, showing names and addresses.

7. Type of ownership - check which:

Individual Proprietorship _____ ; Corporation _____ ; Partnership _____ ; Non-profit Corporation _____ .

8. If partnership, association or other unincorporated joint business venture, indicate **HOW** the LOGAN INCOME TAX RETURN, upon the net profit, will be filed and paid. Check which:

(a) in full by business _____; or (b) Separately by the individual members on proportionate shares _____.

9. Addresses to which tax forms are to be mailed:
Send Business Net Profit Tax Return Form To:

Send Withholding Report Tax
Form To:

Name: _____

Name: _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Note: If all forms go to same address, complete left side only, and write "Same" across face of right side.

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

10. Owner's name and address:

(a) If individual proprietorship, give owner's name and address:

Name: _____

Street Address _____

City _____ State _____

(b) If corporate subsidiary, give name and address of parent company main office:

Name: _____

Street Address _____

City _____ Zone _____ State _____

(c) If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture.

	Name	Street Address	City	State
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Note: Throughout this questionnaire wherever listings are requested - Attach separate lists if sufficient spaces have not been provided.

11. With reference to real estate properties located **WITHIN** the city of Logan:

(a) Does the business occupy, as a tenant, real property in Logan rented FROM others? _____ If so, to whom is rent paid? (Give owner, if known, otherwise his agent.)

	Name	Street Address	City	State
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct.-Signature:

Name (if individual) _____

Company _____

Date Signed _____

By _____ Title _____

Your Phone No. _____ Ext. _____

Address _____

City _____ State _____