CITY OF GREENVILLE, OHIO INCOME TAX DEPARTMENT

Municipal Building 100 Public Square Greenville OH 45331-1499 PHONE: 937-548-5747; FAX 937-548-3035

QUESTIONNAIRE (FORM WBQ)

1. Name of Individual			
or			
Owner(s)			
2 Name of Corporation			
(a) Statutory Agent	SSN		
(b) Federal Identification Number			
(c) Telephone Number	Fax Number		
	r all Partners if a Partnership & include social security number(s)		
	Partners if a Partnership	b & include social security number(s)	
NAME	ADDRESS	TELEPHONE SSN	
(a)			
(b)			
(c)			
5. Business Address			
6. Mailing Address (If different from abo	ove)		
7. Date when business (or job) started or			
8. If you are a Non-Resident Contractor,	approx. number of days	you will be on job	
9. How many Employees will you have?	(Do not include yoursel	f)	
10. Type of Organization: Individual	Partnership _	Corporation	
11. Accounting Period: Calendar Year	*Fiscal Year	Ending	
12. Nature of Business			
13. With reference to Real Estate Property			
(a) Does the Business or Profession occupy, as Tenant, Real Property rented from others?			
Yes No If yes, to whom is rent paid			
name		address	
(b) Does the Business or Profession			
Machinery from others? Yes	No If yes,	to whom is rent paid?	
NAME	<i>T</i> (11	ADDRESS	
14. Do you desire to remit Withholding M			
15. Do you have a payroll service? Yes			
10. Do you have any sub-contractors on the	ne Greenville job? Yes	No If yes, please attach list.	
17 Signature	Da	to.	
17. Signature	Da		

*NOTE: A fiscal year ending can only be used when your accounting period as used on Federal Return does not end on December 31.