

QUESTIONNAIRE  
SHELBY CITY INCOME TAX  
23 WEST MAIN STREET  
SHELBY OHIO 44875  
Phone (419) 342-5885 – Fax (419) 347-1193

THIS FORM MUST BE FILED WITH THE SHELBY CITY INCOME TAX OFFICE.

Starting Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

If above is a branch office; give address of main office \_\_\_\_\_

Fax number \_\_\_\_\_ Nature of Business \_\_\_\_\_

Accounting Period \_\_\_\_\_ Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_

Do you presently employ one or more persons? \_\_\_\_\_

If not, do you expect to have employees in the future? \_\_\_\_\_

Type of ownership (check one) \_\_\_\_\_, Corporation \_\_\_\_\_, Partnership \_\_\_\_\_, Individual Proprietorship, \_\_\_\_\_, Non-Profit.

If partnership, association or other unincorporated joint business venture, indicate how the Shelby City income tax return will be filed and paid: In full by the business \_\_\_\_\_ or separately by individuals \_\_\_\_\_ (give complete name(s), address(es) and social security number(s) on reverse side of form).

Send net profit returns to:  
(complete name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send withholding forms to:  
(complete name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your business rent from others \_\_\_\_ Yes \_\_\_\_ No. If yes, please indicate complete name and address of property owner \_\_\_\_\_

Federal I.D. Number \_\_\_\_\_ Name and address of statutory agent (This must be completed)

\_\_\_\_\_  
List complete names, addresses, and phone numbers of sub-contractors and estimate of time spent working in Shelby on reverse side.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_