

**CITY OF DOVER,
OHIO MUNICIPAL BUILDING
BUSINESS AND PROFESSIONAL QUESTIONNAIRE
INCOME TAX DEPARTMENT**

For the purpose of our records, with regard to DOVER Income Tax, please complete and return this Questionnaire and return in a self-addressed envelope.

1. Are you or the business entity a resident of Dover? Yes No Fed ID# _____
Moved into Dover on _____ from _____

Local 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: Calendar Year ending December 31
(Check which - if Fiscal Year, write in ending date) El 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 DOVER 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 anytime during the year employ persons WHO ARE SUBJECT TO DOVER 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, indicate HOW the DOVER Income Tax Return, upon the net profit, will be filed and paid. Check which:

(a) In full by the business; or (b) Separately by the individual partners on proportionate shares.

9. Address to which tax forms are to be mailed:

Send business Net Profit Tax Return form to:

Name _____

Care of _____

Street Address _____

City _____ State _____ ZIP _____

Send Withholding Report Tax form to:

Name _____

Care of _____

Street Address _____

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 NEXT PAGE ALSO)

10. Owner's name and address.

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

Name _____
 Care of _____
 Street Address _____
 City _____ State ____ ZIP _____

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

Name _____
 Care of _____
 Street Address _____
 City _____ State ____ ZIP _____

(c) If partnership, list name and address of partners if, under item 8 (b) on reverse side, the partners elect to pay tax on proportionate shares:

| | 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 DOVER:

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

| | Name | Street Address | City | State |
|-----|-------|----------------|-------|-------|
| (1) | _____ | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ | _____ |

12. Do you operate OTHER BUSINESSES (include rentals) within or outside the City of Dover? _____
 If you do, list those located WITHIN the City of Dover:

| | Trade Name | Address | Nature of Business |
|-----|------------|---------|--------------------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |

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 _____