

City of Troy Income Tax Division

100 S Market St, Troy OH 45373

Phone (937) 339-3861 Fax (937) 440-1352

BUSINESS QUESTIONNAIRE

TROY'S TAX RATE IS 1.75%

The following information will assist us in determining your liability to the City of Troy and to determine your filing requirements. Please answer questions fully and return this questionnaire to the address shown above. The information provided will assist us in establishing the proper tax accounts for your business. If you have any questions concerning this questionnaire, or about the municipal income tax, please do not hesitate to contact us.

GENERAL INFORMATION

Business Name: _____ Trade Name (if different): _____

Nature of Business: _____

Home Office Address: _____

Phone: _____

Troy Location (if different): _____ Phone: _____

Federal Identification Number: _____ or Owner's Soc Sec Number: _____

Type of Organization: Sole Proprietor Corporation Partnership Other: _____

Date business began in Troy: _____

EMPLOYEE WITHHOLDING INFORMATION

Date employees began in Troy: _____ Number of employees: _____

Are you a non-resident employer withholding for resident employees only? _____ (Courtesy Withholding)

Date Courtesy Withholding began: _____ Number of employees subject to Courtesy Withholding: _____

ACCOUNTING INFORMATION

Accounting Period: _____ Calendar Year or _____ Fiscal Year (Month ending: _____)

Name, address and phone number of bookkeeper / accountant: _____

Name and address of all owners, partners or principal corporate officers:

NAME	ADDRESS	SSN	PHONE #

CONTRACTOR AND SUBCONTRACTOR INFORMATION

Name and address of party from whom contracted: _____

Location of job: _____ Probable length of job: From _____ to _____

Are you or will you be subcontracting any portion of the work to someone else? _____ (Yes or No)

If "yes", attach list of names, addresses, type of work, and amount paid.

Completed By

Title

Date

Phone Number

E-Mail