



**City of Hubbard, Ohio
INCOME TAX DEPARTMENT**

220 W. Liberty St. - P.O. Box 307
Hubbard, Ohio 44425
Phone: 330/534-6299

(Tax office only)
Acct. No. Assigned _____

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

FOR THE PURPOSE OF OUR RECORDS, WITH REGARD TO HUBBARD INCOME TAX,
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE WITHIN FIVE (5) DAYS.

1.) Local Name and Address as used for business purposes:

TRADE NAME: _____ LOCATION: _____

2.) Nature of business conducted: _____

DATE BUSINESS BEGAN OPERATION IN HUBBARD: Month _____ Year _____

3.) Accounting period used for Federal Income Tax Purposes: Calendar year ending December 31.
(check which - if Fiscal year, write in ending date) 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 Hubbard 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 HUBBARD INCOME TAX and from whom you do NOT withhold City Income Tax? _____ ATTACH LIST OF SUCH PERSONS, showing names and addresses.

7.) Type of ownership - check which PLEASE SUPPLY SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER _____

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

8.) If a partnership, association or other unincorporated joint business venture, indicate HOW the Hubbard 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 members on proportionate shares _____

9.) Address to which tax forms are to be mailed: (If all forms go to same address, complete left side only, and write "same" across face of right side.)

SEND BUSINESS NET PROFIT TAX RETURN FORM TO:

SEND WITHHOLDING REPORT TAX RETURN FORM TO:

NAME: _____

NAME: _____

CARE OF: _____

CARE OF: _____

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

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

10.) Owner's name and address.

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

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

Name _____

Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(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	Zip
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____

11.) With reference to real estate properties located WITHIN The City of Hubbard:

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

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

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct:

Name _____ Signature X _____ /____/____
(if individual--please print) Date Signed

Company _____ By _____ Title _____

Address _____ City _____ State _____ Zip _____

Your Phone No. _____ Ext. _____