

BUSINESS QUESTIONNAIRE

CITY OF PARMA HEIGHTS
FINANCE DEPARTMENT – TAX DEPARTMENT
6281 Pearl Road, Parma Heights, Ohio 44130

Please Print or Type

1. NAME: _____ SSN OR FID: _____
2. TRADE
NAME: _____ EMPLOYER'S FID: _____
3. PARMA HEIGHTS ADDRESS: _____
4. IF BRANCH, GIVE NAME AND ADDRESS OF MAIN OFFICE:
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____
5. ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
6. LOCAL PHONE NO.: _____ DATE STARTED OR ACQUIRED IN PARMA HEIGHTS: _____
7. NATURE OF BUSINESS CONDUCTED: _____
8. TYPE OF OWNERSHIP: (Check all that apply) CORPORATION PARTNERSHIP SOLE PROPRIETOR
 LLC PARTNERSHIP LLC CORPORATION LLC SINGLE MEMBER NON-PROFIT CORPORATION OTHER: _____
(SCHEDULE C)
9. ACCOUNTING PERIOD USED: CALENDAR YEAR FISCAL YEAR ENDING: _____
10. DO YOU EMPLOY ONE OR MORE PERSONS? YES – NUMBER OF EMPLOYEES: _____
 NO – DO YOU EXPECT TO HAVE EMPLOYEES IN THE FUTURE? YES NO
DO YOU ISSUE 1099'S? YES NO
11. NAME AND ADDRESS TO WHOM WITHHOLDING FORMS ARE TO BE MAILED IF DIFFERENT THAN ITEM #5:
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
12. LIST NAMES, ADDRESSES AND SSN'S OF ALL OFFICERS, PARTNERS AND/OR ASSOCIATES. A SEPARATE SHEET MAY BE USED IF ADDITIONAL SPACE IS REQUIRED.
NAME: _____ SSN: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
NAME: _____ SSN: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
13. DOES YOUR BUSINESS OCCUPY AS TENANT REAL PROPERTY IN PARMA HEIGHTS – RENTED FROM OTHER? YES NO
14. IF YES, TO WHOM IS RENT PAID? GIVE NAME AND ADDRESS OF OWNER OR AGENT:
NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

SIGNATURE

DATE