BUSINESS RENTAL QUESTIONNAIRE

CITY OF PARMA HEIGHTS
FINANCE DEPARTMENT - INCOME TAX DIVISION
6281 Pearl Road, Parma Heights OH 44130-3084

PLEASE PRINT OR TYPE

1. NAME: _____ SOC SEC NO. OR FEDERAL I.D.: _____

2. PARMA HEIGHTS ADDRESS OF RENTAL PROPERTY: _____

3. ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL PHONE NO.: _____ DATE ACQUIRED IN PARMA HEIGHTS: _____

4. NATURE OF BUSINESS CONDUCTED: **RENTAL**

5. TYPE OF OWNERSHIP ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR
☐ LLC PARTNERSHIP ☐ LLC CORPORATION ☐ LLC SINGLE MEMBER (SCHEDULE C)
☐ NON-PROFIT CORPORATION ☐ OTHER: _____

6. ACCOUNTING PERIOD USED: ☐ CALENDAR YR ☐ FISCAL YEAR ENDING: _____

PLEASE NOTE:

ACCORDING TO SECTION 193.72 OF THE CITY OF PARMA HEIGHTS CITY ORDINANCE, ALL OWNERS OF RENTAL OR LEASED PROPERTY ARE REQUIRED TO NOTIFY THE CITY WHEN A TENANT MOVES IN AND WHEN THEY MOVE OUT. ALL PROPERTY OWNERS ARE REQUIRED TO FILE AN ANNUAL CITY OF PARMA HEIGHTS TAX RETURN AND REPORT THE STATUS OF THAT PROPERTY WHETHER OR NOT INCOME IS RECEIVED.

_____ Signature and Title _____ Date

FAILURE TO FILE THIS FORM WITHIN FIFTEEN (15) DAYS MAY RESULT IN THE IMPOSITION OF PENALTIES PER THE INCOME TAX CODE. ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL (440) 888-6440.

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