

QUESTIONNAIRE
BELLVILLE VILLAGE INCOME TAX
142 Park Place
Bellville, Ohio 44813
Phone 419-886-2506 – Fax 419-886-2297

1. Starting Date: _____
2. Name of Business: _____
3. Address: _____
4. If above is a branch office, give address of main office: _____

5. Fax Number: _____ Nature of Business: _____

6. Accounting Period: _____ Calendar Year _____ Fiscal Year Ending _____
7. Do you presently employ one or more persons? _____
8. If not, do you expect to have employees in the future? _____
9. Type of ownership (check one) Corporation _____ Partnership _____ Non-Profit _____
Assoc. _____ Individual Proprietorship _____
10. If partnership, association or other unincorporated joint business venture, indicate how the Bellville
Income Tax return will be filed and paid: In full by business: _____ or separately by Individuals
(give complete name(s) and address (es) on reverse side of form) _____
11. Send net profit returns to: _____ Send withholding forms to: _____
(complete name and address) (complete name and address)

12. Does your business rent from others? _____ Yes _____ NO. If yes, please indicate complete name and
address of property owner: _____

13. Federal I.D. Number _____ Name and address of statutory agent
(this must be complete) _____

14. List complete names, addresses and phone numbers of sub-contractors and estimate of time spent
working in Bellville on reverse side.
15. Signed: _____ Title _____
Date: _____ Phone Number _____