



DELAWARE CITY INCOME TAX DEPARTMENT
1 S. SANDUSKY ST
PO BOX 496, DELAWARE OH 43015
(740)203-1225 FAX: (740)203-1249
www.delawareohio.net / IncomeTax@DelawareOhio.net

BUSINESS QUESTIONNAIRE
INCOME TAX RATE: 1.85% (as of 1-1-11)

In order to establish a new account with the City of Delaware Income Tax Department or to update the current information on your account, please complete the following questionnaire. The information provided on this questionnaire is confidential and will not be released.

Name of Business: _____
Local Address: _____
Mailing Address (if different): _____
Email Address: _____ Website: _____
Business Phone: _____ Fax #: _____ Principal Business Activity: _____

Type of Ownership (check all that apply):

Sole Proprietorship Name of Owner: _____
Social Security Number: _____ Federal EIN: _____ — _____

Limited Liability Company Date LLC Formed: _____ Federal EIN: _____ — _____
(For LLC, please check which form will be filed: Schedule C-1040 1065 1120 other : _____)

Legal Partnership Name of Partnership: _____
Date Partnership Formed: _____ Federal EIN: _____ — _____
(Please attach a listing of all partners to include name, address, and social security number.)

Corporation Name of Corporation: _____ Federal EIN: _____ — _____

Sub-Chapter S Election Date Incorporated: _____ Federal EIN: _____ — _____

Date business activity began or was acquired in the City of Delaware (M/D/Y): _____ Date employees started working in the City of Delaware (M/D/Y): _____ Date business began withholding Delaware City Income Tax for residents working outside of the City of Delaware (courtesy withholding) (M/D/Y): _____ Name of payroll service, if any: _____
____ Calendar year or ____ fiscal year? If fiscal, month ending: _____

Do you pay independent or subcontractors for services performed in Delaware? _____ If yes, you must attach a listing to include name, address, and SSN/Fed. EIN of those persons.

If you are a contractor or subcontractor working on a project in the City of Delaware, please attach the following: name of general contractor, project address, and estimated start date and completion date for each project.

Regarding real estate located within the City of Delaware, do you occupy real property that you rent from others? _____
If yes, to whom is rent paid? Name: _____ Address: _____

Do you own rental property in Delaware? _____ If yes, attach a list of properties owned.

If this account should be deactivated, give effective date (M/D/Y): _____ and full explanation:
