

BUSINESS QUESTIONNAIRE
Bellevue Tax Department
3000 Seneca Industrial Parkway
Bellevue, OH 44811
(419) 483-2734 (419) 484-5535/FAX

**TO COMPLY WITH THE BELLEVUE CODIFIED ORDINANCE, CHAPTER 193, NO 60-04,
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE TO BELLEVUE TAX DEPARTMENT
WITHIN TEN (10) DAYS.**

PLEASE PRINT OR TYPE

TRADE NAME _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

FED ID # ____ - _____ **SOCIAL SECURITY #(Sole Proprietor)** ____ - ____ - _____

If Sole proprietor, list proprietor's information; If Corporation, list corporate information. If above business is branch, list main office:

NAME _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

Nature of business _____ **Date started or acquired** _____

Type: PROPRIETORSHIP { }; PARTNERSHIP { }; CORPORATION: "C" { }, "S" { } or NON-PROFIT { }; ASSOCIATION { }

List names and addresses of all partners, shareholders, or members:

NAME	ADDRESS	CITY	ST/ZIP
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ACCOUNTING PERIOD: _____ **Calendar year { }** _____ **Fiscal year { } ending date** _____

NAME of accountant or accounting firm who prepares your tax return: _____

Are there now or will there be employees working in Bellevue?

YES { } NO { } NUMBER OF EMPLOYEES _____

IF ANSWER IS YES, YOU ARE REQUIRED TO WITHHOLD 1.5% OF THE GROSS WAGES FOR BELLEVUE INCOME TAX.

SEND WITHHOLDING FORM TO:

SEND BUSINESS NET PROFIT/LOSS FORM TO:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

Does the business pay rent for the property it occupies in Bellevue?

YES { } NO { }

List the owner of the property, if known, otherwise his agent:

NAME _____ ADDRESS _____

If business is physically outside Bellevue City, what activity is being performed within Bellevue that is resulting in potential taxable income or withholding?

Will there be any other payments made for services performed inside the Bellevue City limits? YES { } NO { }.

If YES, circle type:

Commissions, Bonuses, Director fees, Contract labor, Subcontractors, Other (specify):

Do you issue Form 1099 for non-employee services? YES { } NO { }

THIS SECTION TO BE COMPLETED BY CONTRACTORS AND SUBCONTRACTORS ONLY.

Name and address of party from whom contracted or subcontracted:

Location of job _____

Probable length of job: From _____ To _____

Are you or will you be subcontracting any of the work to someone else?

YES { } NO { } If YES, complete the following:

Contract to:

Fed ID/SS# _____ Type of Work _____

Name _____ Address _____

Contract to:

Fed ID/SS# _____ Type of Work _____

Name _____ Address _____

Contract to:

Fed ID/SS# _____ Type of Work _____

Name _____ Address _____

Are you or will you be doing more than one job in Bellevue? YES { } NO { }

The information hereby submitted, including any accompanying lists and statements, is true and correct.

Date Signed _____ Name (if individual) _____

Phone number _____ Company _____

Extension number _____ By _____ Title _____