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| For Tax Office Only |
| C A P |
| M C |
| D'D |
| 1st AUDIT |
| 2nd AUDIT |

VILLAGE OF LISBON, OHIO 44432
BUSINESS AND PROFESSIONAL
QUESTIONNAIRE
INCOME TAX DEPARTMENT

| |
|----------------------------|
| For Tax Office Only |
| FISCAL PERIOD |
| CODE |
| CH'K'D |
| PLATE FILED |

FEIN _____

For the purpose of our records, with regard to Village of Lisbon Income Tax, please complete and return this Questionnaire promptly in self-addressed envelope herewith.

Local name and address as used for business purposes:

Trade Name _____

Location _____

Nature of business conducted _____

Accounting period used for Federal Income Tax purposes:

Calendar Year ending December 31

(Check which — if Fiscal Year, write in ending date)

Fiscal Year Ending _____

Do you now employ one or more persons? _____

NOTE: You may have persons in your employ who are subject to Village of Lisbon Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer/employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

Do you at any time during the year employ persons WHO ARE SUBJECT TO VILLAGE OF LISBON INCOME TAX and from whom you do NOT withhold the Village Income Tax? _____ ATTACH LIST OF SUCH PERSONS, showing names and addresses.

Type of ownership — check which:

Individual Proprietorship _____; Corporation _____; Partnership _____; Non-profit Corporation _____

7. If partnership, indicate HOW the Village of Lisbon Income Tax Return, upon the net profit, will be filed and paid.

Check which:

(a) in full by the business _____; or (b) Separately by the individual partners on proportionate shares _____

Address to which tax forms are to be mailed:

Send Business Net Profit Tax Return Form To:

Send Withholding Report Tax Form To:

Name _____

Name _____

Care of _____

Care of _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

NOTE: If all forms go to same address, complete left side only, and write "Same" across face of right side.

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

Owner's name and address.

(a) If individual proprietorship, give owner's name and address:

Name _____
Street Address _____
City _____ State _____ Zip Code _____

(b) If corporate subsidiary, give name and address of parent company main office:

Name _____
Street Address _____
City _____ State _____ Zip Code _____

(c) If partnership, list name and address of partners if, under Item 7 (b) on reverse side, the partners elect to pay tax on proportionate shares:

| | Name | Street Address | City | State |
|----|-------|----------------|-------|-------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ |

Note: Throughout this questionnaire, wherever listings are requested — Attach separate lists if sufficient spaces have not been provided.

With reference to real estate properties listed WITHIN the Village of Lisbon:

(a) Does the business occupy, as tenant, real property in Village of Lisbon rented FROM others? _____
If so, to whom is rent paid? (Give owner, if known, otherwise his agent.)

| | Name | Street Address | City | State |
|----|-------|----------------|-------|-------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ | _____ |

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct. — Signature:

Name (if individual) _____ Company _____
Date Signed _____ By _____ Title _____
Your Phone No. _____ Ext. _____ Address _____
City _____ State _____ Zip Code _____