

**CITY OF CANFIELD BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

**104 LISBON STREET, CANFIELD, OHIO 44406 - 330-533-1101 - INCOME TAX DEPARTMENT**

DATE: \_\_\_\_\_

To establish and maintain accurate records, the Income Tax Ordinance requires that you complete and return this form.

1. Federal I.D. No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_
2. Local name and address as used for business purposes:  
Trade Name \_\_\_\_\_ Location \_\_\_\_\_
3. Nature of business conducted \_\_\_\_\_
4. Date business moved to or opened in City of Canfield \_\_\_\_\_
5. Date property purchased \_\_\_\_\_ 6. Date began work in/for the City of Canfield \_\_\_\_\_
7. Check accounting period used for Federal Income Tax Purposes:  
\_\_\_\_\_ Calendar Year ending Dec. 31 \_\_\_\_\_ Fiscal Year ending month of \_\_\_\_\_
8. Do you employ one or more persons? \_\_\_\_\_
9. Will you withhold \$100.00 or more per month in Canfield City income tax? \_\_\_\_\_
10. Do you employ persons from whom no Canfield City tax is withheld? \_\_\_\_\_ If Yes, attach a list with name, address, and SSN of each person. 11. If a payroll service is used please give name of service \_\_\_\_\_
12. Type of ownership: \_\_\_\_\_ Individual Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ S Corp \_\_\_\_\_ Partnership \_\_\_\_\_ LLC  
\_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_ Other: \_\_\_\_\_
13. If partnership, association, or other unincorporated joint business venture, not located within the City limits, how will the Canfield Tax Return be filed upon net profit?  
\_\_\_\_\_ In full by business. \_\_\_\_\_ Separately by individual partners on their proportionate shares (list partners on page 2, #16).
- IF LOCATED IN THE, CITY THE PASS-THROUGH ENTITY MUST FILE.
14. Send Business Net Profit Form to: \_\_\_\_\_ Send Withholding Forms To: \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Care of \_\_\_\_\_ Care of \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**COMPLETE QUESTIONS ON PAGE TWO ALSO**

**15. Owner's name and address:**

If individual proprietorship  
give owner's name and address.

If corporate subsidiary give name and  
address of parent company main office.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**16. If partnership, association, or other unincorporated joint business venture list names and addresses of partners if they elect to pay tax on their proportionate shares:**

Name	Address	City	State	ZIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**17. With reference to real estate properties located WITHIN the City does the Business occupy, as tenant, real property rented from others? \_\_\_\_\_ If yes, to whom is rent paid? (Give owner or agent and address.)**

Name	Address	City	State	ZIP
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**18. If you are renting or leasing property to others, we require you to provide the name and address of the individual(s) or business renting the property.**

\_\_\_\_\_  
\_\_\_\_\_

**19. Please note any supplemental information here or use as additional space to provide requested information.**

\_\_\_\_\_  
\_\_\_\_\_

**20. The information hereby submitted is true and correct.**

Name (individual) \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date Signed \_\_\_\_\_