

CITY OF CANFIELD LANDLORD 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. Address of rental property within the City of Canfield (attach list if necessary) _____

3. Date of purchase _____

4. Check accounting period used for Federal Income Tax Purposes:
_____ Calendar Year ending Dec. 31 _____ Fiscal Year ending month of _____

5. Do you employ one or more persons? _____

6. Will you withhold \$100.00 or more per in City of Canfield Income Tax? _____

7. Do you employ persons from whom no Canfield City tax is withheld? _____ If yes, ATTACH A LIST including name, address and SSN of each person.

8. Type of ownership: _____ Individual Proprietorship _____ Corporation _____ S Corp _____ Partnership
_____ Non-Profit Corporation _____ Other _____

9. 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, #12).

IF LOCATED IN THE CITY, THE PASS-THROUGH ENTITY MUST FILE.

10. 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

11. 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 _____

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

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

13. 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. _____	_____	_____	_____	_____

14. You are required to provide us with the name and address of the individual or business renting or leasing the property. If necessary, attach a list.

15. Please note any supplemental information here or use as additional space for providing requested information.

16. The information hereby submitted is true and correct:

Name (individual) _____ Company _____

Address _____ City _____

State _____ ZIP _____ Phone # _____ Ext. _____

Signature _____ Title _____

Date Signed _____