CITY OF AMHERST
INCOME TAX DEPARTMENT
480 PARK AVENUE AMHERST, OH 44001
PHONE (440) 988-4212 FAX (440) 988-3749

BUSINESS QUESTIONNAIRE

Company Name: _____ **SS or Fed ID#:** _____

DBA or Trade Name: _____

Date Started or Aquired in Amherst:

Amherst Address: _____ _____

Local Phone: _____

Address of Main Office: _____

_____ **Phone:** ( )_____

Address where net profit forms are to be mailed: _____

_____ **Accounting Period Used:**

Calendar Yr. _____ **FYE** _____

Address where W/H forms are to be mailed: _____ **Number of Persons Employed in Amherst:**

(If Applicable) _____ _____

Type of Ownership: ☐ **Corporation** ☐ **Partnership** ☐ **1120S** ☐ **Individual** ☐ **Non-Profit**

Other: _____

Complete the following infomation for all partners, officers and/or associates:

Name: _____ **SS#** _____

Address: _____

Name: _____ **SS#** _____

Address: _____

Supplemental Information: _____

_____

_____ _____

Signature **Date**

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY