

CITY OF SPRINGBORO
320 W. Central Avenue
Springboro, OH 45066-1198

INCOME TAX DEPARTMENT
(937) 748-9701
(937) 748-6185 – fax

Account #

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

The following information will aid us in preparing forms for your use in complying with the Springboro income Tax Ordinance. Please complete the questionnaire and return to City of Springboro, Department of Taxation 320 W. Central Ave. Springboro, OH 45066

Local name and address as used for business purposes:

Trade Name _____ Phone# _____

Location in Springboro: _____

Is above address main office or branch? _____ If branch, give name and address of main office.

Name _____

Address _____

Nature of business conducted _____ Date started Springboro _____

Accounting period used for Federal Income Tax Purposes: Fiscal Year End _____ EIN _____

Do you have employees subject to Springboro Income Tax? _____ Date started withhold _____

Note: You may have persons in your employ who are subject to Springboro Income Tax, but from whom you are not required to withhold the city tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, Independent commission sale, brokers, etc. The next question covers such cases.

Do you at any time during the year employ persons who are subject to Springboro Income Tax and from whom you do not withhold City tax? _____ If yes, attach a list of such persons, including names and address.

Type of Ownership _____ Proprietorship _____ Corporation _____ Non-Profit Corporation _____ Partnership _____ LLC

List names, residence address and social security# if partners, corporate officers, association members, etc.

If business is renting the Springboro location, list name and address of landlord _____

Address to which Business Tax forms are to be mailed:

Contact Person _____

Phone # _____

Fax # _____

Email _____

Withholding Tax Forms:

Contact Person _____

Phone # _____

Fax # _____

Email _____

Signature of Person Completing Form

Date Completed