



City of Moraine

Income Tax Division

Return Within 15 Days

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to City of Moraine income tax, please complete and return this questionnaire promptly to the address below.

Date Business began in Moraine: _____

Company Name/ DBA: _____

Local Address: _____

City/State/Zip: _____

(If different than local information)

Corporate Name: _____

Corporate Address: _____

City/State/Zip: _____

Please check type of ownership:

_____ Sole Proprietorship

_____ Corporation

Type of Corporation:

_____ Limited Liability

_____ S Corp

_____ C Corp

_____ Nonprofit Corporation

_____ Other _____

Contact Name: _____

Contact Title: _____

Contact Number: _____

Contact Email: _____

Calendar/ Fiscal Year End Date: _____

SSN # / Federal ID Number: _____

Nature of Business: _____

_____ Partnership

City of Moraine income taxes due on net profit earnings will be filed: (Please check one)

_____ In full by the business

_____ Separately by owners on their personal income tax return.

List owner's SSN# and address on the back of this form for account set-up.

_____ Other (Please state type of ownership below)

Address to which tax forms are to be mailed:

Net Profit:

(Quarterly Estimates are Required.)

_____ Check here if same as location address above

Employees:

_____ How many people do you employ who work in the City of Moraine? Local Address: _____

Yes / No If you answered 0 to the previous question, do you plan to have employees in the City of Moraine in the future?

_____ Are you withholding a residential/courtesy income tax from any of your employees that live in Moraine?

Yes / No Date Began: _____

Yes / No Are you withholding for an employee who is remote working from their residence in Moraine?

Withholdings:

(Quarterly filing threshold is \$100 or less a month.)

_____ Check here if same as location address above

_____ Check here if a payroll service will report.

_____ Will you be paying monthly or quarterly? _____

Residential Businesses Only:

Do you rent or own the building in which your business is conducted?

_____ Own

_____ Rent

Landlord's name: _____

Business Address: _____

***** Make sure you check with our Community Development Department at (937) 535-1030 for any/all permit requirements you may have for occupancy/work performed within the City of Moraine. *****

Any person violating any of the provisions of Chapter 181, Income Tax, City of Moraine Codified Ordinances, shall be punishable as provided in Section 181.12. Failure to file the required forms and/or failure to pay the Income Tax constitutes a violation of this chapter.

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