

# City of Moraine

## Income Tax Division

### Business and Professional Questionnaire

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

**Date business began in Moraine:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Company Name/DBA:** \_\_\_\_\_ **Contact Title:** \_\_\_\_\_  
**Local Street Address:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

*If different than local information:* **Fiscal Year End Date:** \_\_\_\_\_  
**Corporate Name:** \_\_\_\_\_ **SSN # / Federal ID Number:** \_\_\_\_\_  
**Corporate Street Address:** \_\_\_\_\_ (Your account number is the number you provided on the line above)  
**Corporate City/State/Zip:** \_\_\_\_\_ **Nature of Business:** \_\_\_\_\_

**Type of Ownership:**  Sole Proprietorship  Partnership  Corporation  Other, please specify: \_\_\_\_\_

**If a Corporation:**  Limited Liability  S Corp  C Corp  Non-profit  Other, please specify: \_\_\_\_\_

**If a Partnership, the net-profit earnings will be filed:**  In full by the business  Separately by owners on their personal income tax returns\*  
*\*If separately on personal income tax returns, please list names and social security numbers on the back of this form*

**Mail tax documents to:**  Local Address listed above  Corporate Address listed above  Other, please provide the full address:

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Withholding will be filed:**  Quarterly (must be \$100 or less a month)  Monthly  Semi-Monthly

Business will file  Payroll Company will file (Name of Payroll Company: \_\_\_\_\_)

**How many people do you employ who work in the City of Moraine?** \_\_\_\_\_ **Address of where they work:** \_\_\_\_\_

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

**Are you withholding a residential/courtesy income tax for employees that live in Moraine?**  Yes (Date started: \_\_\_\_\_)  No

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

**Local Businesses Only - The building in which business is conducted:**  Own  Renting\*

\*Landlord's Name: \_\_\_\_\_ Business Address for Landlord: \_\_\_\_\_

**Please note:** If you are filing with the Ohio Business Gateway; the account number for withholding will have a 3 and a space in front of the FEIN.  
You *must* include a space and the dash. The format is: 3 XX-XXXXXXX

**Please contact our Community Development Department at (937) 535-1030 for any permit requirements you may have for occupancy or work performed in 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.