

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:	Contact Name: Contact Title: Contact Number:		
		City/State/Zip:	Contact Email:
		(If different than local information)	
Corporate Name:	Calendar/ Fiscal Year End Date:		
Corporate Address: City/State/Zip:	SSN # / Federal ID Number:Nature of Business:		
		Please check type of ownership:	
Sole Proprietorship	Partnership		
Corporation Type of Corporation:Limited Liability	City of Moraine income taxes due on net profit earnings will be filed: (Please check one) In full by the business		
S Corp	Separately by owners on their personal income tax return. List owner's SSN# and address on the back of		
C Corp	this form for account set-up.		
Nonprofit Corporation Other	Other (Please state type of ownership below)		
Address to which tax forms are to be mailed: Net Profit:	Withholdings:		
(Quarterly Estimates are Required.) Check here if same as location address above	(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.		
Employees:	Residential Businesses Only:		
How many people do you employ who work in the City ofMoraine? Local Address:	Do you rent or own the building in which your business is conducted?		
If you answered 0 to the previous question, do you plan to have $\frac{\text{Yes / No}}{\text{employees}}$ in the City of Moraine in the future?	Own Rent		
Are you withholding a residential/courtesy income tax from any of your employees that live in Moraine? Yes / No Date Began:	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. ***