



City of Trenton Business Questionnaire

City of Trenton Tax Department, 11 East State St., Trenton, OH 45067
Phone: (513) 428-0158 Fax: (513) 428-0168

- 1. NAME PHONE NO.
2. TRADE NAME (if any) FAX NO.
3. ADDRESS
4. FEDERAL IDENTIFICATION NO.
5. SOC. SEC. NO.
6. GIVE DATE WORK OR BUSINESS BEGAN IN THIS CITY
7. Name and Address where tax forms are to be sent (if different from above)

- 8. Check whichever is applicable: Individual Proprietorship Partnership Other (explain below)
Non-Profit Organization Corporation LLC

Do you have employees subject to income tax for the entity indicated at the top of this form?

Yes Approximate # None
Does your accounting period end on December 31st? Yes No

If a fiscal year, give day and month of fiscal year end. NOTE: (A fiscal year ending cannot be used unless used for your federal return.)

- 9. If you operate more than one place of business or own rental property, please give name and/or location of each. If more space is required, use the reverse side of this form.

- 10. If a partnership, please give name, address, and social security numbers of all partners. If more space is required, use the reverse side of this form.

- 11. Are you conducting business within the City of Trenton? Yes No

- 12. Are you only withholding city income tax as a convenience for resident employees? Yes No

- 13. Contact person Date

Brief description of company's scope of work:

- 15. If the work is performed offsite, please supply the address.

You are required to furnish this information within ten (10) days of receipt in order for your account to be properly evaluated.