



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: _____

14. If the work is performed offsite, please supply the address. _____

15. Are you withholding Quarterly or Monthly? _____

16. Do you have a payroll company? If so, please provide the company name (i.e. ADP) _____

17. Will you be filing electronically or paper (by mail)? _____

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