

# LANCASTER CITY INCOME TAX

## BUSINESS QUESTIONNAIRE

CITY HALL 3<sup>RD</sup> FLOOR  
104 E. MAIN STREET, PO BOX 128  
LANCASTER, OHIO 43130

HOURS 7:30AM-4:30PM M - F  
TELEPHONE (740) 687-6606  
TAX RATE 1.75 %

**THIS QUESTIONNAIRE IS FOR SOLE PROPRIETORS, PARTNERSHIPS AND CORPORATIONS DOING BUSINESS IN THE CITY OF LANCASTER OR WITHHOLDING LANCASTER INCOME TAX FOR RESIDENTS WORKING OUTSIDE OF LANCASTER. PLEASE COMPLETE, SIGN AND RETURN THIS FORM.**

1. Trade Name of business: \_\_\_\_\_  
Local address: \_\_\_\_\_ Local telephone No. \_\_\_\_\_
2. Is the above address the main or branch office? \_\_\_\_\_. If branch give name, address and telephone # of main office  
Name \_\_\_\_\_ Telephone \_\_\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Type of Ownership (check one):  
 Sole proprietorship. Name of owner: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_  
Federal EIN: \_\_\_\_\_  
 Legal Partnership. Name of Partnership: \_\_\_\_\_  
Federal EIN: \_\_\_\_\_ Date partnership formed: \_\_\_\_\_  
Please attach a listing of all partners to include Name, Social Security number, Residence address and telephone number of each partner.  
 Corporation. Name of Corporation: \_\_\_\_\_  
Federal EIN: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_  
Please attach a listing of all officers to include Title held, Name, Address, Social Security number and telephone number of each officer.  
 Sub-Chapter S Election for Corporation. Include the same information as required for Corporation.  
 Non-Profit Corporation. Federal EIN: \_\_\_\_\_
4. Date business activity began or was acquired in the City of Lancaster \_\_\_\_\_ Date ceased: \_\_\_\_\_  
Date employees started working in the City of Lancaster: \_\_\_\_\_  
Date you started withholding Lancaster Income Tax on Residents working outside Lancaster: \_\_\_\_\_  
Anticipated monthly withholding taxes due to Lancaster : \$ \_\_\_\_\_
5. Nature of business conducted: \_\_\_\_\_
6. Accounting period used for Federal Tax purposes: Calendar \_\_\_\_\_ Fiscal year \_\_\_\_\_ Year End \_\_\_\_\_
7. Who prepares your Tax Returns? Name or firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ - \_\_\_\_\_ Fax No: \_\_\_\_\_ - \_\_\_\_\_
8. Name and address of previous owner (if applicable): \_\_\_\_\_  
\_\_\_\_\_
9. Do you employ one or more persons? \_\_\_\_\_ Do you employ anyone working in Lancaster? \_\_\_\_\_  
At what location in the city of Lancaster is or was the work performed? \_\_\_\_\_

NOTE: If you do not currently employ anyone working in Lancaster, be advised if you do at some time in the future, you must notify this office to establish a withholding account and to receive the proper forms.

**PLEASE COMPLETE REVERSE SIDE**

10. Do you pay independent or sub-contractors for services performed inside the city limits? \_\_\_\_\_  
Do you pay commissions for sales or service performed in the city? (not included on W2) \_\_\_\_\_

NOTE: if the answer is yes to either question on line 10, you must attach a listing to include Name, Address and Social Security Number of those persons AND at year-end provide a copy of forms 1099-MISC that you issued to them.

11. If you are a contractor or sub-contractor working on a project in Lancaster, give the name of the General Contractor, Project(s) address and estimated start and completion date of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you also conduct your business from other locations? \_\_\_\_\_ If yes, list addresses of other locations within the city of Lancaster: \_\_\_\_\_  
\_\_\_\_\_
13. Do you operate any other businesses? \_\_\_\_\_ If yes, list any located in the city of Lancaster: \_\_\_\_\_  
\_\_\_\_\_
14. If your place of business is outside of Lancaster, do you have any earnings resulting from activity within the city of Lancaster? \_\_\_\_\_
15. With reference to real estate property (land and buildings) located within the city of Lancaster, do you occupy real property that you rent from others? \_\_\_\_\_ If yes, to whom is the rent paid?  
Name (Owner or Agent): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
16. Do you own (past or present) rental property in Lancaster? \_\_\_\_\_ If yes, provide the property address, date of acquisition and the date the property was sold (if applicable): \_\_\_\_\_  
\_\_\_\_\_

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PLEASE PROVIDE MAILING ADDRESSES WHERE TAX FORMS SHOULD BE MAILED

Business Net Profit Forms:

NAME: \_\_\_\_\_  
ATTN: \_\_\_\_\_  
ADDR: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

Employee Withholding Tax Forms:

NAME: \_\_\_\_\_  
ATTN: \_\_\_\_\_  
ADDR: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

The information hereby submitted, including any accompanying lists and statements, is true and correct.

Print or type the name of person signing this form: \_\_\_\_\_

Title of same: \_\_\_\_\_ Telephone No: \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

The information provided on this Questionnaire is confidential and will be used for official city income tax purposes only.