

QUESTIONNAIRE

**VILLAGE OF LEESBURG INCOME TAX BUREAU
VILLAGE OF LEESBURG**

The following information will aid us in preparing forms for your use under our Village of Leesburg, Ordinance 97-13. Kindly answer all questions fully and mail this questionnaire to the Village of Leesburg Income Tax Bureau, 57 S. Fairfield St., Box 305, Leesburg, Ohio 45135. Your compliance with this request within Five (5) days will be greatly appreciated.

NAME _____ PHONE (____) _____

TRADE NAME (if any) _____

LEESBURG JOB LOCATION _____

FEDERAL IDENTIFICATION NUMBER _____

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT (if different from above)

Check which pertains:

Individual Proprietorship _____ Partnership _____ Other _____

Non-Profit Organization _____ Corporation _____

Do you have employees subject to the Village Income Tax?

Yes _____ No _____ Approximate Number _____

Does your accounting period end on December 31st? _____ -(calendar year)

If a fiscal year, give day and month your fiscal year ends. _____

NOTE: (fiscal year ending must be same as used for Federal Income Tax purposes.)

Give beginning date of doing business in the Village of Leesburg _____

Please list names & addresses of all subcontractors working on this job.

If a partnership, please provide names and addresses of ALL PARTNERS.