

CITY OF PORTSMOUTH, OHIO

INCOME TAX DEPARTMENT

605 Washington St., Room 316

PO Box 1323

Portsmouth, OH 45662

www.portsmouthoh.org

email: citytax@portsmouthoh.org

phone: (740) 353-3111 ~ fax: (740) 353-3112

For the purposes of our records, with regard to Portsmouth Income Tax, please complete and return this questionnaire promptly in the self-addressed envelope enclosed.

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

1. Local name and address as used for business purposes: _____ Federal ID or SSN: _____

2. Is above address main office or branch office? _____
3. If branch, give name and address of main office.

4. Nature of business conducted _____
5. Accounting period used for Federal Tax purposes _____
Please write in calendar year or ending date for fiscal year.
6. Do you now employ one of more persons? _____
7. Do you expect to have employees in the future? _____
Note: You may have persons in your employ who are subject to Portsmouth Income Tax, but from whom you are not required to withhold the City Tax. For example, Complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.
8. Do you at any time during the year employ persons **who are subject to Portsmouth Income Tax** and from whom you do **not** withhold the City Tax? _____ **Attach list of such persons,** showing names and addresses.
9. Type of ownership – check which:
Proprietorship___;Corporation___;Partnership___;Non-profit corp___;Association___
10. If partnership, association or other unincorporated joint business venture, indicate **HOW** the Portsmouth Income Tax Return, upon the net profit, will be filed and paid. Check which:
in full by the business _____ or separately by the individual members _____
11. Address to which tax forms are to be mailed:
Send Business Net Profit Return Forms to: _____ Send Withholding Tax Forms to: _____
Name _____
Care of _____
Address _____
Note: If all forms go to same address, complete left side only and write "same" across right side.
12. Date work or business started in Portsmouth _____
13. Out of town contractors list location of job site _____

14. Owner's name and address:
(a) If individual proprietorship, give owner's name and address: _____

(b) If corporate subsidiary, give name & address of parent company main office:

(c) If partnership, association, or other unincorporated joint business venture, list names and address of partners, associates, or members in venture:

| Name | Address |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NOTE: Throughout this questionnaire wherever listings are requested - attach separate lists if needed.

15. Do you also conduct your business, as named in question 1, from OTHER LOCATIONS within the City of Portsmouth? If you do, list address of the other locations WITHIN PORTSMOUTH.

16. Do you operate any OTHER BUSINESSES WITHIN THE CITY OF PORTSMOUTH? _____
Please list:

17. With reference to real estate properties located WITHIN the City of Portsmouth:
Does the business occupy, as tenant, real property in Portsmouth rented FROM others? _____
If so, to whom is rent paid? (Give owner, if known, otherwise, his agent.)

18. Attach a list of sub-contractors working in Portsmouth, showing names and addresses.

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct. - Signature _____

Name _____ Company _____

Date Signed _____ By _____ Title _____

Phone No. _____ Address _____

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