



CITY OF KETTERING

TAX DIVISION
BUSINESS TAX QUESTIONNAIRE

DATE MAILED \_\_\_\_\_

Complete the following and return to the City of Kettering - Tax Division within 15 days from the date mailed as stated above to P.O. Box 293100, Kettering, Ohio 45429-9100, or by fax to (937) 296-3242. Please direct questions to the Tax Division at (937) 296-2502; you can also find additional information on the City of Kettering's website at www.ketteringoh.org.

1. Federal I.D. Number \_\_\_\_\_ Social Security No. \_\_\_\_\_ (If Sole Proprietorship)

2. Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name/Phone number of local individual (or sole proprietor) in-charge: \_\_\_\_\_

3. Date business activity began, or is anticipated to begin in Kettering: \_\_\_\_\_

Date business activity terminated in Kettering: \_\_\_\_\_

4. Type of Business:

Sole Proprietorship \_\_\_\_\_

LLC \_\_\_\_\_

Non-Profit Organization \_\_\_\_\_

If LLC, are you filing as

Corporation \_\_\_\_\_

Partnership

Partnership \_\_\_\_\_

Corporation

5. Nature of Business: \_\_\_\_\_

Tax Period: Calendar Year End \_\_\_\_\_

Fiscal Year End \_\_\_\_\_; please provide month & day of fiscal year end \_\_\_\_\_

6. If Partnership, S-Corporation or other unincorporated joint venture, list names, addresses and social security or federal I.D. numbers of all partners, associates, or members in venture (attach additional sheets if necessary).

Name

SS#/Fed. I.D. #

Address

Table with 3 columns: Name, SS#/Fed. I.D. #, Address. Multiple empty rows for data entry.

7. Approximate number of employees subject to Kettering Income Tax \_\_\_\_\_

8. If your business performs no work in Kettering and Kettering taxes are deducted only from those employees who reside in Kettering, please check here \_\_\_\_\_.

9. Are you currently using a payroll processing company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate company name, contact person and phone number \_\_\_\_\_

(Over)

10. Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_ your place of business in Kettering?

If you rent or lease, complete the following: (Please include name and address of business, person, etc. from whom you rent or lease.)

Name

Address

\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently filing a City Income Tax Return? Yes \_\_\_\_\_ No \_\_\_\_\_

What city (or cities) \_\_\_\_\_

12. If you filed under a different name and/or identification number previously, indicate name, address, identification number and year(s) filed. \_\_\_\_\_

\_\_\_\_\_

13. Did you file a City of Kettering Income Tax Return last year? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Have you been audited by the Internal Revenue Service within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what tax years? \_\_\_\_\_

15. If there has been a change of ownership, give name and address of former owner and date of change in ownership \_\_\_\_\_

\_\_\_\_\_

16. Address to which tax forms are to be mailed:

Annual Income Tax Return and Estimated  
Payment Vouchers:

Withholding Tax Forms:

Name \_\_\_\_\_

Name \_\_\_\_\_

Attention: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

I hereby certify that information and statements contained herein are true and correct.

Name \_\_\_\_\_

Signature \_\_\_\_\_

(please print)

Title \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_