

CITY OF BRUNSWICK, OHIO

INCOME TAX DEPARTMENT * 4095 Center Rd * 330.225.9144



QUESTIONNAIRE

For the purpose of setting up accurate records in regard to Brunswick Income Tax, please complete and return this form whether or not your company is currently working within the City of Brunswick.

Federal I.D. # _____
Social Security # _____
Fiscal Year End _____
Calendar Year _____

if name or address is incorrect, make necessary changes

Nature of Business: _____

Business trade name: _____

Business home office: _____

Mailing address (if different): _____

Brunswick location: _____

If business property is located in Brunswick, list name & address of person(s) or company to whom rent is paid: _____

If no Brunswick address, do you have net profits attributable to Brunswick? _____

Name of Officer/Owner: _____ Title: _____

Resident Address: _____ Phone: _____

Type of Organization: Corporation S Corporation Sole Proprietor
 Partnership Non-Profit Organization

If business is owned by individual, partnership, association, or other unincorporated joint business venture, list names, addresses and social security numbers of all persons involved in business

List name & addresses of all subcontractors on jobs in Brunswick on reverse side.

If business was outgrowth of another, fill in the following

Name of pervious owner(s): _____

Trade name (if any): _____

Nature of change: Sale Change in Organization

Other: _____

Do you now have one or more employees from whom you will be withholding the Brunswick tax from salary/wages in pursuant to the withholding clause of the tax ordinance? _____

Signed: _____

Date: _____

Title: _____