



**CITY OF MARION, OHIO
INCOME TAX DEPARTMENT
233 WEST CENTER STREET
MARION, OHIO 43302
TELEPHONE: 740-387-6926
FAX: 740-387-3433**

For Tax Office Only

Account
No.

Fiscal

CAP

Return by _____

Please complete the entire questionnaire and return to the above address.
All information is held in strict confidence. Attach a separate sheet if sufficient space has not been provided.

1. Local business name: _____

2. Location of business: _____

3. Nature of business: _____

4. Federal I.D. or Social Security No. _____

5. Local business telephone number: _____

6. Accounting period used for Federal tax purposes:

_____ Fiscal year ending _____ Calendar year

7. Do you conduct business within the City of Marion? ____ Yes ____ No.
If yes, date operations began within Marion, Ohio _____

8. Type of ownership: _____ Corporation _____ Individual _____ Limited Liability Company
_____ Partnership _____ Non-profit
_____ Other: (Please specify) _____

9. Owner, Principal Partners or Officers:

Name	Address	Title

10. Statutory Agent (Corporations only):

Name	Address

11. Does the business rent or lease real property located within the City of Marion? ____ Yes ____ No
If yes, from whom?

Name	Address

12. Do you now employ one or more persons? ____ Yes ____ No
If yes, date of hire of first employee _____

13. Do you expect to have employees? ____ Yes ____ No
If yes, expected date of first hire _____

14. Payroll periods: _____ Weekly _____ Biweekly _____ Monthly
_____ Other (Please specify) _____

15. Will you be utilizing (yes or no):

Contract labor _____ "Spot" labor _____
Commissioned Sales brokers _____
Part-time employees _____ Minors _____

16. Owner, Principal Partner or Corporate Parent's name and permanent or home address:

Name _____

Address: _____

City _____ State _____ Zip _____

Phone (_____) _____

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

Annual Returns: Name _____

C/O _____

Address _____

City _____ State _____ Zip _____

Withholding: Name _____

C/O _____

Address _____

City _____ State _____ Zip _____

18. Other information: _____

Under penalties of perjury, I declare that I have examined this statement of information and any attachments. To the best of my knowledge and belief, it is true, correct and complete.

Signature _____ Title _____

(CORPORATE OFFICER, PARTNER OR OWNER)

Date _____