

**VILLAGE OF OCTA
INCOME TAX DEPARTMENT
BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

For the purpose of our records, with regard to the Village of Octa Income Tax, please complete and return this questionnaire promptly to the Village of Octa, Income Tax Department, P. O. Box 63, Milledgeville, OH 43142

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Federal Identification No. _____

1. Local Name and Address as used for business purposes:

Trade Name _____

Address _____

Mailing Address (If different than above) _____

Federal ID or Social Security No. _____

2. Is above address Main Office or Branch Office? _____

If Branch, give name and address of Main Office:

Name _____

Address _____

3. Nature of Business _____

4. Accounting period used for Federal Income Tax Purposes:

() Calendar year ending December 31 () Fiscal year ending _____

5. Do you employ one or more persons? _____

6. Estimated No. of employees and annual payroll. _____

7. Type of Ownership:

() Proprietorship () Corporation () Partnership () Association

8. If partnership, association, or other unincorporated joint business venture, indicate how the Octa Village Tax Return (upon the net profit) will be filed and paid:

() In full by the business () Separately by the individual members on proportionate shares

9. Owner's Name and Address:

(A) If individual proprietorship: (B) If corporate subsidiary, give Name and Address of Parent Company's Main Office:

Name _____ Name _____

Address _____ Address _____

(Please Complete Questions On Next Page)

(C) If partnership, or other incorporated joint business ventures, list names and addresses of partners, associates, or members in venture. (If not applicable, skip to question 12)

Name

Address

_____	_____
_____	_____
_____	_____

Note: Throughout this questionnaire wherever listing is required, attach a separate list if sufficient spaces have not been provided.

10. Is this a Franchise. If yes, will you pay a Franchise Fee/Royalty. Yes No

If yes, to whom:

Name _____ Address _____

11. Do you conduct your business (as named in question 1) from other locations within the Village of Octa? Yes No

If yes, list address of the other locations.

_____	_____
_____	_____

12. Do you operate any other business within the Village of Octa? Yes No

If yes, list address of the other locations.

_____	_____
_____	_____

13. With reference to real estate properties located within the Village of Octa, does the business occupy (as tenant) real property in Octa rented from others? Yes No

If yes, to whom is rent paid? (Give owner if known, otherwise his agent).

Name

Address

_____	_____
_____	_____

Please use this space to supply supplemental information.

I certify the information submitted to be true and correct.

Company or Individual's Name _____

Address _____

By (Please Print) _____

Phone No. (____) _____ Ext. _____

Signature _____ Date _____

Thank you for returning this questionnaire promptly.