

BUSINESS NAME:

Please sign and date
on reverse side.

Completion and Return
of this form is required
by Section 36/28 of
New Lebanon Code of
Ordinances.

MUNICIPALITY OF NEW LEBANON
FINANCE AND RECORDS DEPARTMENT
198 SOUTH CLAYTON ROAD
NEW LEBANON, OHIO 45345
(937) 687-1341

INCOME TAX INFORMATION QUESTIONNAIRE

Primary Owner:

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

CURRENT ADDRESS: CITY STATE ZIP PHONE NUMBER

OTHER PLACE(S) OF EMPLOYMENT

ADDRESS: CITY STATE ZIP PHONE NUMBER

Secondary Owner:

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

CURRENT ADDRESS: CITY STATE ZIP PHONE NUMBER

BUSINESS NAME:

BUSINESS ADDRESS: CITY STATE ZIP PHONE NUMBER

Miscellaneous Information:

DATE BUSINESS STARTED: FISCAL YEAR (IF OTHER THAN CALENDAR YEAR)

FEDERAL I.D. NUMBER: NUMBER OF EMPLOYEES:

TYPE OF OWNERSHIP: SOLE-PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER

DO YOU HAVE OTHER INCOME? RENT? IF RENTING, NAME AND ADDRESS OF LANDLORD:

NAME ADDRESS:

CITY STATE ZIP

IF OWNER, GIVE DATE OF PROPERTY(S) ACQUISITION:

NATURE OF BUSINESS:

If Partnership, List Partner(s) Names(s) and Home Address(s):

NAME	ADDRESS	CITY	STATE	ZIP

OTHER PLACE(S) OF EMPLOYMENT:

NAME	ADDRESS	CITY	STATE	ZIP

DO YOU HIRE INDIVIDUALS ON A CONTRACT BASIS? _____ IF YES, LIST NAMES AND ADDRESS OF SUB-CONTRACTORS. ATTACH LIST IF NECESSARY.

NAME	ADDRESS	CITY	STATE	ZIP

NAME AND ADDRESS TO WHICH CITY TAX FORMS ARE TO BE MAILED:

ADDRESS:	CITY	STATE	ZIP	PHONE NUMBER

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

INTENTIONALLY PROVIDING FALSE INFORMATION IN AN OFFICIAL PROCEEDING OR WITH PURPOSE TO MISLEAD A PUBLIC OFFICIAL IN PERFORMING HIS OFFICIAL FUNCTION IS A VIOLATION OF SECTION 136.30 OF THE NEW LEBANON CODE OF ORDINANCES.

SIGNATURE OF PERSON COMPLETING FORM

DATE