

Business Questionnaire
City Income Tax Department - Lima, Ohio
50 Town Square - P O Box 155 Lima, Ohio 45802-0155

The following information will aid us in preparing forms for your use under the Income Tax Ordinance. Please answer questions fully and return this Questionnaire to the above address.

1. **Name of Individual** _____
or
Owner(s) _____
2. **Name of Corporation** _____
3. **Trade Name (if any)** _____
4. **Give home address of owner(s) or all partners if a partnership. If corporation list names & titles of major officers.**

Name/ Title	Address	Telephone
(A) _____	_____	_____
(B) _____	_____	_____
(C) _____	_____	_____
5. **Location of activity in Lima:** _____
6. **Local phone number** _____ **Home office phone** _____
7. **Mailing address:** _____

8. **Date when business started in Lima:** _____
9. **Type of organization:** Ind. Prop. _____ Partnership _____ Corp. _____
10. **Soc. Sec. # (if Ind. Prop.)** _____ **Federal I.D. #** _____
11. **Are there now, or will there be employees subject to Lima City Income Tax?**
Yes _____ No _____ **Approximate number of employees** _____
12. **Accounting period:** Calendar Year _____ *Fiscal Year Ending _____
13. **Nature of Business** _____
14. **If you are a contractor and will have sub-contractors working for you, please list these on the back of form or on an attached separate page.**

Lima City Income Tax rate is 1.5%

PLEASE COMPLETE QUESTIONNAIRE FULLY AND RETURN

Thank You