

**CITY OF MT. HEALTHY**  
INCOME TAX BUREAU  
7700 PERRY STREET  
MT. HEALTHY, OHIO 45231

**SUSAN LAW**  
TAX COMMISSIONER  
(513) 728-3181  
FAX (513) 728-3189

**BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

1. NAME OF BUSINESS OWNER (S) \_\_\_\_\_
2. NAME OF OFFICERS (S) (IF A CORPORATION) \_\_\_\_\_
3. SOCIAL SECURITY # OR FEDERAL ID # \_\_\_\_\_
4. NAME OF OFFICER (S) (IF CORPORATION) \_\_\_\_\_
5. TRADE NAME (IF ANY) \_\_\_\_\_
6. BUSINESS ADDRESS (MT. HEALTHY) \_\_\_\_\_  
A) DO YOU OWN THE PROPERTY WHERE YOUR BUSINESS IS LOCATED? \_\_\_ YES \_\_\_ NO  
B) IF NO, GIVE NAME AND ADDRESS OF LANDLORD: \_\_\_\_\_  
\_\_\_\_\_
7. IS MT. HEALTHY ADDRESS A: \_\_\_ HOME OFFICE \_\_\_ BRANCH OFFICE
8. MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_
9. OPENING DATE OF BUSINESS (IN MT. HEALTHY) \_\_\_\_\_

**TYPE OF ORGANIZATION:**

\_\_\_ INDIVIDUAL PROPRIETOR \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ NON-PROFIT \_\_\_ ASSOCIATION

IF A PARTNERSHIP, ASSOCIATION, OR OTHER UNINCORPORATED JOINT BUSINESS VENTURE,  
INDICATE HOW THE MT. HEALTHY TAX RETURN, BASED ON NET PROFITS WILL BE FILED AND  
PAID: \_\_\_ IN FULL BY THE BUSINESS \_\_\_ SEPARATELY BY INDIVIDUAL MEMBERS

IF A PARTNERSHIP, GIVE NAME AND ADDRESS OF ALL PARTNERS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. NUMBER OF EMPLOYEES AT THE MT. HEALTHY ADDRESS: \_\_\_\_\_
11. BUSINESS ACCOUNTING PERIOD \_\_\_ CALENDAR YEAR \_\_\_ FISCAL YEAR ENDING \_\_\_
12. NATURE OF BUSINESS: \_\_\_\_\_
13. DO YOU HAVE NET PROFITS ATTRIBUTABLE TO MT. HEALTHY? \_\_\_ YES \_\_\_ NO
14. DO YOU OPERATE MORE THAN ONE BUSINESS IN MT. HEALTHY? \_\_\_ YES \_\_\_ NO  
IF YES, GIVE NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE