

CITY OF MOUNT VERNON, OHIO  
BUSINESS QUESTIONNAIRE

Debbie Tyson  
Administrator  
Fax 740-397-5293  
www.mountvernonohio.org

Division of Income Tax  
3North Gay Street  
Mount Vernon OH 43050  
Phone 740-393-9524

NAME \_\_\_\_\_

STREET \_\_\_\_\_

Refer to: \_\_\_\_\_

CITY \_\_\_\_\_

Please **answer the questions listed below** and the proper imprinted income tax forms will be mailed to meet your requirements. In the event you will be filing under a name other than shown above, please indicate same. **Return this Questionnaire at once in the business reply envelope provided.**

Check type of Organization: Individual Owner \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_

Federal ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Do you have a place of business within Corporate limits of City \_\_\_\_\_

Type of Business \_\_\_\_\_

Date you started this Mount Vernon Business \_\_\_\_\_

Date you started this Mount Vernon Project \_\_\_\_\_ Completion Date of Project \_\_\_\_\_

Do you have employees living or working in Mount Vernon Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate No. \_\_\_\_\_

If corporation, give address to which Income Tax forms should be mailed \_\_\_\_\_

\_\_\_\_\_

If foreign corporation, give name & address of Ohio Statutory agent \_\_\_\_\_

\_\_\_\_\_

If partnership, give name and home address of each partner \_\_\_\_\_

\_\_\_\_\_

If individual owner, give home address \_\_\_\_\_

Is this a new business \_\_\_\_\_ Did you purchase a going business \_\_\_\_\_ If so, give name and present address of prior owner or owners \_\_\_\_\_

Will return be filed on calendar year basis? \_\_\_\_\_ Or fiscal year basis? \_\_\_\_\_ If fiscal year basis, give closing date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**SEE REVERSE SIDE FOR ADDITIONAL DATA OR COMMENT**

**List:**

**General Contractor and address** \_\_\_\_\_  
\_\_\_\_\_

**Subcontractor (s) and address (es):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes, comments or additional information:**