# CONTRACTORS & SUB-CONTRACTORS QUESTIONNAIRE

**CITY OF CANFIELD INCOME TAX DEPARTMENT, 104 LISBON STREET, CANFIELD, OHIO 44406-1416   Phone:**

**330-533-1101 ~ Fax: 330-533-2668 ~ Website: www.canfield.gov ~ E-mail: achristopher@canfield.gov**

Name:
Address:

DATE: _____

To establish and maintain accurate records, the Income Tax Ordinance requires that you complete and return this form.

**PLEASE PRINT.**

**1.** Federal I.D. No. _____      **2.** Soc. Sec. No. _____

**3.** Local name & address as used for business purposes:  Trade Name _____

Location _____      **4.** Phone # _____

**5.** Fax # _____      **6.** E-mail address _____

**7.** Nature of business_____      **8.** Date property purchased _____

**9.** Date business moved to or opened in City _____      **10.** Date began work in the City _____

**11.** Accounting period for Federal Tax: ___ Calendar Year ending Dec. 31 ___ Fiscal Year ending _____

**12.** Do you employ one or more persons? ____   **13.** Will you WH $100.00 or more monthly in Canfield income tax? ___

**14.** Do you employ persons from whom no Canfield City tax is withheld? _____ If Yes, attach a list with name, address,

and SSN of each person.   **15.** If a payroll service is used please give name of service, contact person and phone

number. _____

**16.** Type of ownership:  ____ Individual Proprietorship    ____ Corporation    ____ S Corp    ____ Partnership

___ LLC    ____ Non-Profit Corporation    ____ Other: _____

**17.** If partnership, association, or other unincorporated joint business venture, not located in the City limits, how will the

Canfield Net Profit Tax Return be filed?  ___ In full by business.  ___ Separately by individual partners on their

proportionate shares (list partners on page 2, #16).  **The pass through entity must file if located in City.**

**18.** Send Business Net Profit Form to:                          Send Withholding Forms To:

Name _____          Name _____

Care of _____          Care of _____

Address _____          Address _____

City _____ State ____ ZIP _____          City _____ State ___ ZIP _____

Phone _____                          Phone _____

**C O M P L E T E   Q U E S T I O N S   O N   B A C K   A L S O**

**19.** Owner's name and address:

If individual proprietorship give owners
Name & address.

Name _____

Address _____

City _____ State ____ ZIP _____

If corporate subsidiary give name & address of parent
company main office.

Name _____

Address _____

City _____ State ____ ZIP _____

**20.** If partnership, association, or other unincorporated joint business venture list names and addresses of partners if
they elect to pay tax on their proportionate shares:

| | Name | Address | City | State | ZIP |
|---|---|---|---|---|---|
| 1. | _____ | _____ | _____ | ____ | _____ |
| 2. | _____ | _____ | _____ | ____ | _____ |
| 3. | _____ | _____ | _____ | ____ | _____ |

**21.** With reference to real estate properties located within the City does the business occupy, as tenant, real property
rented or leased from others? ____ If yes, to whom is rent paid? (Give owner or agent, address and phone #.)

| | Name | Address | City | State | ZIP | Phone # |
|---|---|---|---|---|---|---|
| 1. | _____ | _____ | _____ | ____ | _____ | _____ |
| 2. | _____ | _____ | _____ | ____ | _____ | _____ |

**22.** If you are renting or leasing property to others, we require you to provide the name and address of the individual(s)
or business renting or leasing the property.

_____

_____

**23.** Please note any supplemental information here or use as additional space to provide requested information.

_____

_____

**24.** List other businesses you operate within the City of Canfield? _____

_____

**25.** The information hereby submitted is true and correct.

_____ _____ _____
Company                                                                         Name (individual)

_____ _____ ____ _____
Address                                                                         City                              State   Zip

_____ _____
Phone                                      Extension

_____ _____ _____
Signature                                              Date            Title

CQ/2014