



City of Mansfield  
Income Tax Division  
P.O. Box 577  
Mansfield, OH 44901  
Phone: 419-755-9711 Fax: 419-755-9751  
[www.ci.mansfield.oh.us](http://www.ci.mansfield.oh.us)

### BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to Mansfield Income Tax, please complete and return this Questionnaire promptly.

1. Local name and address as used for business purposes:

\_\_\_\_\_  
Trade Name: \_\_\_\_\_

2. Location in Mansfield or Work Site: \_\_\_\_\_

3. Type of work to be performed: \_\_\_\_\_

4. Date started in Mansfield: \_\_\_\_\_

5. Expected duration of work: \_\_\_\_\_

6. Federal I.D. or Social Security #: \_\_\_\_\_

7. Accounting period used for Federal Income Tax purposes:

(Check applicable box-if fiscal write in date) \_\_\_\_\_ Calendar Year Ending December 31  
\_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_

8. Do you now employ one or more persons in Mansfield? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Employees started in Mansfield: \_\_\_\_\_

9. Do you expect to have employees in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No

When? \_\_\_\_\_

10. Projected Monthly Withholding Tax: \_\_\_\_\_

11. Does your company voluntarily withhold tax for Mansfield residents not employed inside the City of Mansfield? (If yes, only complete the front of the form) \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send Business Net Profit Return: \_\_\_\_\_ Send Withholding Tax Form: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

(OVER)

13. Projected Yearly Revenue: \_\_\_\_\_ Less Than \$500,000 Annual Revenue  
\_\_\_\_\_ More Than \$500,000 Annual Revenue

14. Type of Ownership (check which):

\_\_\_\_\_ Non-Profit Corporation                      \_\_\_\_\_ Individual Proprietorship (Complete 15a)  
\_\_\_\_\_ Corporation (Complete 15b)                      \_\_\_\_\_ Partnership (Complete 15C)

15. Owner's Name and Address

a. If Individual Proprietorship, give owner's name, social security number, and address:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b. If corporate subsidiary, give name and address of parent company main office:

Name: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will you be filing a consolidated return: \_\_\_\_\_ Yes \_\_\_\_\_ No

c. If partnership, association, or other incorporated joint business venture, list names and addresses of partners, association, or members

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Throughout this questionnaire, wherever listings are required-attach a separate list if sufficient spaces have not been provided.

16. With reference to real estate properties located within the City of Mansfield:

Does the business occupy, as a tenant, real estate property in Mansfield rented from others? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, to whom is rent paid: (Give owner, if known, otherwise his agent)

Name	SS# or Fed ID#	Street Address	City	State	Zip
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_____	_____	_____	_____	_____	_____
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17. Do you operate any other business within the City of Mansfield? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Other business includes rental properties rented to others

If you do, list those located within the City:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

So that further correspondence will not be necessary, we ask your cooperation in filing this form promptly. THANK YOU