

For Tax Office Only
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**VILLAGE OF RIO GRANDE, OHIO**  
CITY HALL  
**INCOME TAX DEPARTMENT**

For Tax Office Only
FISCAL PERIOD
CODE
BY
CH'K'D
PLATE FILED

For the purpose of our records, with regard to Rio Grande Income Tax, please complete and return this questionnaire promptly in the self-addressed envelope enclosed herewith.

**BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

1. Local name and address as used for business purposes:  
Trade Name .....  
Location .....
  2. Is above address main office or branch office? .....
  3. If branch, give name and address of main office.  
Name .....  
Address ..... City ..... State ..... Zip .....
  4. Nature of business conducted .....
  5. Accounting period used for Federal Income Tax purposes:    Calendar Year ending December 31  
(Check which-if Fiscal Year, write in ending date)                    Fiscal Year ending .....
  6. Do you now employ one or more persons? .....
  7. Do you expect to have employees in the future? .....
- Note:** You may have persons in your employ who are subject to Rio Grande Income Tax, but from whom you are not required to withhold Income Tax. For example, Complete employer—employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.
8. Do you at any time during the year employ persons **who are subject to Rio Grande Income Tax** and from whom you do **not** withhold the Income Tax?    **Attach list of such persons**, showing names and addresses.
  9. Type of ownership-check which:  
Proprietorship.....; Corporation.....; Partnership.....; Non-Profit Corporation.....; Association.....
  10. If partnership, association or other unincorporated joint business venture, indicate HOW the Rio Grande Income Tax Return, upon the net profit, will be filed and paid. Check which:  
(a) in full by the business.....; or (b) Separately by the individual members on proportionate
  11. Address to which tax forms are to be mailed:  
Send Business Net Profit Tax Return Forms to:       Send Withholding Report Tax Forms To:  
Name ..... Name .....  
Care of ..... Care of .....  
Street Address ..... Street Address .....  
City..... State..... Zip ..... City..... State..... Zip .....
- Note:** If all forms go to the same address, complete left side only, and write "Same across face of right side.
12. DATE Work or business started in Rio Grande .....
  13. Out of town contractors list location of job site .....

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

14. Owner's name and address:

(a) If individual proprietorship, give owner's name and address: (b) If corporate subsidiary, give name and address of parent Company main office:

Name ..... Name .....
Street Address ..... Street Address .....
City ..... State ..... Zip ..... City ..... State ..... Zip .....

(c) If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture:

Name Street Address City State
(1) .....
(2) .....
(3) .....
(4) .....

Note: Throughout this questionnaire wherever listings are requested—Attach separate lists if sufficient spaces have not been provided.

15. Do you also conduct your business, as named in question 1, from OTHER LOCATIONS Within the Village of Rio Grande?

If you do, list address of the other location within Rio Grande

(1) ..... (3) .....
(2) ..... (4) .....

16. Do you operate any other business within the Village of Rio Grande? If you do, list:

Trade Name Street Address Nature of Business
(1) .....
(2) .....

17. With reference to real estate properties located WITHIN the Village of Rio Grande:

(a) Does the business occupy, as tenant, real property in Gallipolis rented FROM others? If so, to whom is rent paid? (Give owner if known, otherwise his agent.)

Name Street Address City State
(1) .....
(2) .....
(3) .....
(4) .....

18. Attach List of sub-contractors working in Rio Grande, showing names and addresses.

SUPPLEMENTAL INFORMATION

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The information hereby submitted is true and correct. — Signature:

Name (if individual) ..... Company .....
Date Signed ..... By ..... Title .....
Your Phone No. .... Ext. .... Address .....
City ..... State .....