## Village of Arcanum Tax Questionnaire COMPLETE BOTH PAGES

The following information will aid us in preparing forms for your use under the Village of Arcanum Tax Ordinance. Please answer all questions fully and return this form to help ensure the proper establishment of your village income tax account.

Federal Identification No.	
1.	Name of Business
	Business Telephone
	Business Fax
2.	Please check the type of your business:         Individual/Proprietorship       Corporation       Partnership         Non-Profit Organization       Association       Other
3.	Give Social Security number, home address, and home phone number of owner(s), officers, or all partners, if a partnership exists:
	NameSocial Security#AddressPhone
	(A)(B)
	(C)
4.	Business Address
5.	Name of officer, primary or owner
	Mailing address
	Trade name DBA (if any)
6.	Are there now, or will there be employees subject to the Village of Arcanum income tax? No Yes Approximate Number
7.	Are there now, or will there be contracted workers in your business? NoYes Please list name, address, phone#, & SS# of all contractors on the back of this page.
8.	Date business activities started in the Village of Arcanum
9.	Please check type of business activity:       Manufacturing       Service         Retail Sales       Construction       Financial/Insurance/Realty
10	. Accounting period: Calendar Year Fiscal Year Ending

- 11. Do you \_\_\_\_\_Own \_\_\_\_\_ Rent \_\_\_\_\_ or Lease your place of business in Arcanum. \_\_\_\_\_\_N/A If you rent or lease, from whom: Name \_\_\_\_\_\_\_Address \_\_\_\_\_\_
  12. Name and address of person or organization in charge of books or records: Name \_\_\_\_\_\_\_Address \_\_\_\_\_\_\_
- 13. Please list all sub-contractors below including start date and type of work being performed.

Thank you for your cooperation.

Village of Arcanum Tax Department PO Box 157 Arcanum OH 45304 Phone (937) 692-8500 Fax (937) 692-5163