

Village of Pioneer

Phone: 419-737-2614
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409 S State St.
Pioneer, Oh 43554

Mayor

Edward A. Kidston

Administrator

Anthony Burnett

Fiscal Officer

Nikki Mittelstaedt

Council

Brock Zuver

Alan Fiser

Dean Frisbie

Joe Nickloy

Trever West

Bryan Gendron

Income Tax

Gina Gruber

Business and Professional Questionnaire

Income Department

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

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

Trade Name _____

Federal ID Number _____

Location _____

2. Nature of business conducted _____

3. Accounting period used for Federal Income Tax purposes:

(Check which-if Fiscal Year write in ending date)

Calendar Year ending December 31 _____

Fiscal Year Ending _____

Note: You may have persons in your employ who are subject to Pioneer Income Tax, but from whom you are not required to withhold the 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.

4. Do you at any time during the year employ persons who are subject to Pioneer Income Tax and from whom do you not withhold Village Income Tax? _____ Attach list Of such persons showing name & address.
5. Type of ownership – check which:
 Individual Proprietorship _____ Corporation _____
 Partnership _____ Non-Profit Corporation _____
6. If partnership, indicate How the Pioneer Income Tax Return, upon the net profit, will be Filed and paid.
 Check which:
 (A) in full by the business _____
 (B) separately by the individual members on proportionate share _____

7. Address to which Tax Forms are to be mailed:
Send Business Net Profit Tax Return to:

Name _____
 Street Address _____
 City _____
 State _____ Zip Code _____

Send Withholding Report Tax Form to:

Name _____
 Street Address _____
 City _____
 State _____ Zip Code _____

Note: If all forms go to the same address, complete top and write "same" below

8. Owner's name and address.
- | | |
|---|---|
| <p>(A) If individual proprietorship, give Owner's name and address:</p> <p>Name _____
 Street Address _____
 City _____
 State _____ Zip Code _____</p> | <p>(B) If corporate subsidiary, give name and address of parent company main office</p> <p>Name _____
 Street Address _____
 City _____
 State _____ Zip Code _____</p> |
|---|---|

- (B) If partnership, list name and address of partners
- | Name | Address | City | State |
|------|---------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

9. With reference to real estate properties located within the Village of Pioneer.

(A) Does the business occupy, as tenant, real property in Pioneer
Rented from others? _____ If so, to whom is rent paid? Give owner.

	Name	Address	City	State
(1.)	_____			
(2.)	_____			

The information hereby submitted is true and correct, - Signatures:

Name (if individual) _____ Company _____

Date Signed _____ By _____

Your Phone No. _____ Address _____
City _____ State _____

Gina Gruber
Income Tax Administrator