

Village of Hicksville Income Tax
Business Questionnaire

Return To: Village of Hicksville - 111S Main St - Hicksville OH 43526
Phone #: 419-542-8621 Fax #: 419-542-2018 (You may fax this form)

Date Prepared : ____/____/____

Name of Business and Address:

Trade Name (If Different) _____

Phone # _____ Fax # _____

e-mail address: _____

Name of Owners, Partners or Officers:

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Business: Corporation _____ Partnership _____
(Check appropriate box) Individual _____ Other _____
Federal ID# ____ - _____ **or Soc. Sec #** ____ / ____ / ____

Accounting Period: Calendar Year ____ or Fiscal Year ending ____/____/____

Do you have a location in Hicksville? _____
(If YES List Address:)

Type of work performed in Hicksville and Location:

Estimated/actual Hicksville start date: ____/____/____

Estimated completion date (if applicable) ____/____/____

Do/Did/or will you have employees working in Hicksville? _____
How many? _____

Do/Did you use Subcontractors in Hicksville? _____
(If YES attach a list with their names and addresses.)

(Signed) _____ / ____ / ____
(Date)

Visit our web site www.villageofhicksville.com or e-mail us at: hixtax@defnet.com