

# VILLAGE OF MCCONNELLSVILLE

## INCOME TAX DEPARTMENT

9 WEST MAIN STREET

MCCONNELLSVILLE OH 43756

Phone (740) 962-3163

Fax (740)962-6127

For the purpose of our records, with regard to the Village of McConnellsville Tax,  
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE.

NAME.....

STREET.....

CITY.....

FEDERAL ID # SS#.....Telephone.....

### BUSINESS QUESTIONNAIRE

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

Business or Trade Name.....

Location.....Within City? ( ) Yes ( ) No

2. Is above address main office, or branch office?.....

3. If branch, give name and address of main office.

Name.....

Address.....City.....State.....Zip Code.....

4. Nature of business conducted:.....Date started or acquired.....

5. Name and address of previous owner.....

6. Accounting period used for Federal Income Tax Purpose: ( ) Calendar Year ending Dec. 31.  
(Check which – if Fiscal Year, write in ending date) ( ) Fiscal Year ending.....

7. Who prepares your Financial Statements and Tax Returns?.....

8. Do you now employ one or more persons?.....

9. Do you expect to have employees in the future?.....

Note: You may have persons in your employ, and subject to the McConnellsville Income Tax, but from whom you are not required to withhold the Village Tax. For Example, contract labor, independent commission sales brokers, etc., or your business may be located outside the Village limits. The next question covers such cases.

10. Do you at any time during the year employ persons who are subject to the McConnellsville Income Tax and from whom you do NOT withhold the Village Tax?..... ATTACH LIST OF SUCH PERSONS SHOWING NAMES AND ADDRESSES OR LIST UNDER SUPPLEMENT ANY INFORMATION, LINE 19.



16. With reference to real estate properties (land and buildings) located WITHIN THE Village of McConnellsville:

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

Name Address City State

(1).....

(2).....

17. If place of business is outside McConnellsville, do you have earnings resulting from activity in McConnellsville ?.....

18. SUPPLEMENTARY INFORMATION

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.....  
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.....

The information hereby submitted, including any accompanying lists and statements, is true and correct.

Signature

Date Signed..... Name (if individual).....

Your Phone Number..... Company.....

Extension Number..... By..... Title.....

Questionnaire Prepared by: Address.....

..... City..... State.....