

TAX RATE 1.92%

CITY OF BOWLING GREEN, OHIO

INCOME TAX DIVISION

304 NORTH CHURCH STREET

BOWLING GREEN, OH 43402-2399

PHONE (419)354-6212

e-mail (Not Encrypted): bgtax@bgohio.org

FAX (419)354-5122

Web: http://www.bgohio.org

Please complete and return this questionnaire promptly so that our records will correctly reflect your tax compliance obligations in this city and so that we can provide proper forms in a timely manner. Thank you.

- 1. Company and Trade Name _____ EID No. _____
- 2. Name of Officer (If a Corporation) and Title _____
- 3. Name of Owner(s) _____ Soc. Sec _____
- 4. Mail Forms to (Street/PO Box) _____ Phone _____
(City/State/Zip) _____ FAX _____
- 5. B.G. Address/Work Location _____ Phone _____
- 6. Accountant Name and Address _____ Phone _____
- 7. Starting Date of Bowling Green Activities _____ If temporary, anticipated ending date _____
- 8. Type: Individual Proprietor _____; Partnership _____; Corporation _____; Sub-S Corporation _____; LLC (Sole Proprietor) _____; LLC (Partnership) _____; LLC (Corporation) _____; Non-Profit Corporation _____; Association _____

If a partnership, list on the back of this form the names and addresses of all partners.

If "S" Corporation, list on the back of this form the names and address of all shareholders.

- 9. A. Do you have employees working in Bowling Green (since _____)? Yes _____ No _____
- OR**
- B. Are you withholding BG taxes for BG residents who work outside of BG? Yes(*) _____ No _____

(*)If Yes, what date did you begin BG city tax withholding _____

- 10. Accounting Period: Calendar Year (Y/N) _____ **OR** Fiscal Year Ending (mm/dd) _____
- 11. Nature of business _____
- 12. Is this local address the Home Office or a Branch _____
- 13. If no Bowling Green address, do you have net profit/loss attributable to Bowling Green? Yes _____ No _____
your email address: _____

If Business Was Outgrowth of Another, Please Complete the Following:

- 14. Name of former owner(s) _____
- 15. Trade Name (If Any) _____ ID # _____
- 16. Mailing Address _____
- 17. Type of Organization: Individual _____ Partnership _____ Corporation _____ S Corporation _____ Association _____
- 18. Nature of change: Sale _____ Discontinuance _____ Change in Organization _____ Other _____

Date _____ Signature _____
Title _____