

TAX RATE 1.92%

CITY OF BOWLING GREEN, OHIO
INCOME TAX DIVISION
304 NORTH CHURCH STREET
BOWLING GREEN, OH 43402-2399
e-mail: bgtax@bgohio.org
Web: http://www.bgohio.org Click on Income Tax

W

PHONE (419)354-6212

FAX (419)354-5122

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. Mailing Address (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? 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 _____