



CITY OF MASON BUSINESS INCOME TAX QUESTIONNAIRE

Please assist us in completing your account information. All information is required by Ordinance #50-1970. Information provided to the Mason Tax Office is kept totally confidential. If you have any question while completing this form, please contact our office at (513) 229-8535.

Name of Business _____ Federal ID Number ____ - _____

DBA _____ Social Security Number ____ - ____ - _____

Local Address _____
Street City State Zip Code

Telephone _____
Local Cell Fax

Tax/Payroll Contact Person(s) _____
E-mail _____

Contact Address _____
Street City State Zip Code

Contact _____
Telephone Cell E-mail

Sole Proprietor Partnership Corporation Other (explain) _____

End of Fiscal Year: December 31st Other _____

Business Product/Service _____ Employee Courtesy Withholding Only

Date activity began in Mason _____ Expected Number of Employees Working in Mason _____

Withholding Payment Method:

Payroll Service Mail Ohio Business Gateway ACH Credit Electronic Filing Program

Payroll Service Company _____ No Payroll Service Company

Employee Leasing Company _____ No Leased Employees

Subcontractors working in the City of Mason Yes, attach list with names and address No Subcontractors

Company replaces another company previously registered with the City of Mason?

Yes, provide name and FEIN of company _____ No

Name and Address of Corporate Officers or Partners (or attach list):

Name Title Address

Name Title Address

Please Return within 15 days to the Mason Tax Department. Thank you for your cooperation.
6000 Mason-Montgomery Road, Mason, Ohio 45040 513-229-8535 Fax 513-229-8531 www.imaginemason.org