

Village of Evendale
10500 Reading Road
Evendale, Ohio 45241

INCOME TAX DEPARTMENT
NEW BUSINESS QUESTIONNAIRE

Phone (513)563-2671
Fax (513)563-4636
www.evendaleohio.org

Note: Questionnaire is to be completed by any resident business located in the Village of Evendale or any nonresident business providing services or operating within the village.

Corporate/Business Name

DBA, if applicable _____

Federal ID Number _____

Corporate Address _____

Corporate Phone Number _____

Corporate Fax Number _____

Evendale Address _____

Evendale Phone Number _____

(or work site location) _____

Evendale Fax Number _____

****PLEASE NOTE: BUSINESS NAME AND CONTACT INFORMATION ONLY MAY BE SHARED WITH OTHER DEPARTMENTS WITHIN THE VILLAGE OF EVENDALE (i.e. FIRE, POLICE, SERVICE DEPTS)****

Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ S-Corporation
☐ Corporation ☐ Ltd. Liability Co. ☐ Non-Profit

Accounting ☐ Calendar Year ☐ Fiscal Year _____

Names of Corporate Officers or Partners:

Name	Street Address	City,State, Zip Code	Title

Nature of Operations

Date operations are expected to begin in Evendale _____

Number of Employees expected at Evendale location _____

Date of first payroll _____

Is this a courtesy withholding tax for an Evendale resident? ☐ Yes ☐ No

Indicate address to which payroll forms should be mailed:

☐ Evendale ☐ Corporate ☐ N/A-Payroll Service ☐ N/A- OBG Filer

If a resident business, is Evendale location Rented (leased)? ☐ Yes ☐ No

If yes, please provide Name and Address of Landlord: _____

I hereby certify that to the best of my knowledge the above information is true, correct and complete.

Name _____

Title _____

Date _____

(please print)

Signature _____

Telephone Number _____

Email address to which you would like the account number(s) sent _____

Approved By	Date	Business Account	Withholding Account
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