

**BAINBRIDGE-SOLON JEDD**  
Income Tax Division  
Business Entity Questionnaire  
ALL INFORMATION IS CONFIDENTIAL

Trade name \_\_\_\_\_ True Name \_\_\_\_\_

Local business address \_\_\_\_\_

Mailing address (for tax forms) \_\_\_\_\_

Mailing address (cont'd) \_\_\_\_\_

Local phone# \_\_\_\_\_ Local fax# \_\_\_\_\_

Main office address and phone # (if branch or subsidiary) \_\_\_\_\_

Main office (cont'd) \_\_\_\_\_

Please list other business or branches, with addresses, that your company operates.  
Use back of form if necessary):

Other business/branch \_\_\_\_\_

Other business/branch \_\_\_\_\_

Principal business activity (as listed on federal tax forms) \_\_\_\_\_

Date business was started in Bainbridge-Solon JEDD \_\_\_\_\_

Type of business ownership: C-Corp\_\_\_ S-Corp\_\_\_ Partnership\_\_\_ LLC\_\_\_ LLP\_\_\_

Exempt Org\_\_\_ Trust\_\_\_ PS Corp\_\_\_ Other (please explain) \_\_\_\_\_

Federal Employer Identification # (EIN) \_\_\_\_\_

Social Security # of Owner \_\_\_\_\_

Accounting period: Calendar Year \_\_\_\_\_ Fiscal year ending \_\_\_\_\_

Present number of employees \_\_\_\_\_ Under age 18 \_\_\_\_\_

Expected number of employees at end of fiscal year \_\_\_\_\_

Person responsible for payroll records \_\_\_\_\_

His/her address \_\_\_\_\_ Phone # \_\_\_\_\_

Do you presently withhold the income tax from employees? \_\_\_\_\_

Tax Manager's name \_\_\_\_\_ email address \_\_\_\_\_

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Accounting firm preparing your returns \_\_\_\_\_

Address \_\_\_\_\_

Do you lease \_\_\_\_\_ or own \_\_\_\_\_ your current location?

If leasing, please state owner's name \_\_\_\_\_

Owner's address \_\_\_\_\_

Do you lease or own any other business premises located in Bainbridge-Solon JEDD?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list these premises \_\_\_\_\_

Please list each partner's name, address, and percentage of ownership:

1.

2.

3.

4.

5.

6.

Thank you for your assistance.

Mail to: Bainbridge-Solon JEDD  
34200 Bainbridge Road  
Solon, Ohio 44139  
OR

Fax to: 440-349-6320