

Business and Professional Questionnaire

For the purpose of maintaining accurate St. Bernard City Income Tax Records, please complete and return this questionnaire promptly to:

St. Bernard Tax Department
110 Washington Avenue
St. Bernard, OH 45217

Company Name _____ FED ID _____

Doing Business as _____ Phone _____

1. Name of Owner(s):

2. President/Treasurer (If a corporation):

3. Business Address:

4. St. Bernard Address (if different):

a. Is local address Home or Branch? _____
5. Location of Work/Sales/Service in St. Bernard:

6. St. Bernard Building Permit Number Associated with work: _____
7. Starting Date: _____ Completion Date: _____
8. Are there now, or will there be Employees working in St. Bernard?
Yes ___ No ___.
If yes, # of employees _____
Resident Non-Resident
9. Is this a courtesy withholding only for a resident working in another city?
Yes ___ No ___
10. Type of Organization: Sole Proprietor ___ Partnership ___ Corporation ___
S - Corporation ___ Non-Profit Corp ___ LLC ___ Association ___
If partnership, association or other incorporated joint business venture, indicate how the St. Bernard Income Tax Return upon the Net Profit will be filed and paid:
(a) in full by the business _____ or (b) separately by individual members _____
11. Business Fiscal Year - Ending Month: _____
12. Nature of Business: _____
13. Do you operate as a Contractor ___ Sub-Contractor ___

14. Are subcontractors employed who perform work/sales/services in this City?
 Yes ___ No ___. **If YES, list all subcontractors on a separate sheet with names and addresses of all subcontractors.**
15. If you operate more than one place of business or own rental property, Please provide name and location of each (if more space is required, use reverse side of this form, please.)
- _____
- _____
- _____
16. If you use a Payroll Processor, please list name and address:
- _____
- _____
17. Will architectural work be provided on-site?
 Yes ___ No ___.
18. As an architect will you designate individuals or companies to work here?
 Yes ___ No ___
 If yes please list name and address:
- _____
- _____
19. Do you or your company have personal property located in the City of St. Bernard which you receive rental or lease payments?
 Yes ___ No ___.
 If yes, do you have income from this location (inventory, sales)?
 Yes ___ No ___.
 Do you service or have your machinery or equipment at this location.
 Yes ___ No ___.
20. Other information to provide:
- _____
- _____
- _____
-

Date: _____ Signature/Title: _____

Should you have any questions, you may contact the St. Bernard Tax Department at (513) 242-7710 between the hours of 9:00 am and 5:00 pm weekdays.

Email: tax@cityofstbernard.org
 Website: www.cityofstbernard.org