

# 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.)

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16. If you use a Payroll Processor, please list name and address:

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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:

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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:

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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](mailto:tax@cityofstbernard.org)  
Website: [www.cityofstbernard.org](http://www.cityofstbernard.org)