

tax@southlebanonohio.org

**BUSINESS INCOME TAX QUESTIONNAIRE**  
**South Lebanon Tax Rate is 1%**

BUSINESS NAME \_\_\_\_\_ Federal ID No. \_\_\_\_ - \_\_\_\_\_

DBA \_\_\_\_\_ Soc. Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(If Applicable)

Address of Business \_\_\_\_\_  
Street Ste. No. City Zip Code

Address for Mailings \_\_\_\_\_  
(if diff. from above) Street Ste. No. City Zip Code

**PLEASE CHECK ONE:**

\_\_\_\_ SOLE PROPRIETOR      \_\_\_\_ GEN. PARTNERSHIP      \_\_\_\_ C CORPORATION  
\_\_\_\_ SUB S CORPORATION      \_\_\_\_ LTD. LIABILITY CO/PARTNERSHIP      \_\_\_\_ NON PROFIT OR GOV'T AGENCY

NUMBER OF EMPLOYEES YOU WILL BE WITHHOLDING FOR \_\_\_\_\_

EMPLOYER WITHHOLDING WILL BE REMITTED: \_\_\_\_\_ MONTHLY or \_\_\_\_\_ QUARTERLY

DO YOU USE A PAYROLL SERVICE? \_\_\_\_ YES or \_\_\_\_ NO IF YES, NAME OF PAYROLL SERVICE \_\_\_\_\_

IF EMPLOYEES ARE LEASED, NAME AND ADDRESS OF LEASING CO. \_\_\_\_\_

IF THIS IS A COURTESY WITHHOLDING, CHECK BOX AND GO TO THE BOTTOM SECTION   
(If W/H for a **resident** of South Lebanon who pays to another city, W/H tax is one half percent 1/2%)

IF THIS IS A TEMPORARY ACCOUNT FOR A PROJECT IN SOUTH LEBANON, NAME PROJECT \_\_\_\_\_

PROJECT START DATE \_\_\_\_\_

TYPE OF BUSINESS (MFG. RETAIL, ETC.) \_\_\_\_\_

IF BUSINESS IS IN SOUTH LEBANON, DATE BUSINESS BEGAN \_\_\_\_\_

IF RENTING OFFICE SPACE, NAME OF LANDLORD \_\_\_\_\_

IF A SOUTH LEBANON-BASED BUSINESS, WILL THERE BE EXTENSIVE USE OF TEMPORARY HELP AGENCIES? \_\_\_\_ YES or \_\_\_\_ NO  
IF YES, PLEASE NOTIFY THEM TO WITHHOLD SOUTH LEBANON INCOME TAX. PLEASE LIST AGENCY NAMES HERE \_\_\_\_\_

ACCOUNTING PERIOD: \_\_\_\_\_ DECEMBER 31<sup>ST</sup> \_\_\_\_\_ OTHER \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NO. (      ) \_\_\_\_\_ FAX NO. (      ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_