Village of Bradford, Ohio
Income Tax Department
P. O. Box 128
Bradford, Ohio 45308

Business Questionnaire

This information may be shared with other departments within the Village of Bradford

1. Name of Individual ______________________________________________________ or
   Owner(s) ________________________________________________________________

2. Name of Corporation _____________________________________________________
   a. Statutory Agent _____________________________ SSN _______________________
   b. Federal Identification Number ___________________________ Fax Number ______
   c. Telephone Number ___________________________ Fax Number ______

3. Address of Owner(s) or all Partners if a Partnership (include social security number(s))
   NAME  ADDRESS  TELEPHONE  SSN
   a. ________________________________________________________________
   b. ________________________________________________________________
   c. ________________________________________________________________

4. Billing Address __________________________________________________________

5. Date when business (or job) began or will begin in Bradford __________________

6. Address where work will be done in Bradford _________________________________

7. Withholding remittance is required: Monthly ($200 or more) __________ Quarterly ______
   a. No: I am not required to remit withholding-------- (See question 16 below)

8. Total number of employees withholding for _________________________________

9. Type of Organization: Individual _______ Partnership _______ Corporation _______ Other ______

10. Accounting Period: Calendar Year _______ Fiscal Year ending (month) ______

11. Nature of Business _______________________________________________________

12. Do you have and Sub-Contractors on the Bradford job? Yes____ No____. If yes, please attach a list of names, address phone numbers and contacts or you may write the list of sub-contractors on the back of this sheet.

13. With reference to Real Estate Property and Personal Property within the Village of Bradford:
   a. Does the Business or Profession occupy, as tenant, Real Property rented from others?
      Yes_____ No_____ If yes, please provide the name and address:
      NAME  ADDRESS

      For all Businesses / Contractors doing business inside Bradford city limits but are located outside Bradford

14. Non-Resident Business estimated completion date of job: (Month & Year) _____________

15. Non-Resident Business, how many employees (WORKING MOR THAN 20 DAYS) will be working on the project? (Do not include yourself) __________________________

16. Non-Resident Business, are you a Small Business (total revenue of less than $500,000 during the preceding taxable year)? Yes_____ No_____ If yes please mail a copy of your preceding tax year Federal Return for verification.

Signature ___________________________ Date ______________________

**Withholding Forms may be found on our website: www.bradfordoh.com

PLEASE RETURN THIS QUESTIONNAIRE WITHIN TWENTY (20) DAYS TO THE VILLAGE OF BRADFORD