

# SUBCONTRACTED BUSINESS AND/OR INDIVIDUAL QUESTIONNAIRE

BLUE ASH INCOME TAX DIVISION  
4343 COOPER ROAD  
BLUE ASH, OHIO 45242-5699  
(513) 745-8516

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ FEDERAL ID NO: \_\_\_\_\_

DAYTIME PHONE NO: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ACCOUNTING PERIOD:  CALENDAR YEAR OR  FISCAL YEAR ENDING \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

## TYPE OF BUSINESS:

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- S CORPORATION
- CORPORATION
- LIMITED LIABILITY COMPANY
- INDIVIDUAL
- STATUTORY EMPLOYEE

## CORPORATE OFFICERS (IF APPLICABLE):

PRESIDENT: \_\_\_\_\_

TREASURER: \_\_\_\_\_

## PARTNERS (IF APPLICABLE): NAME & ADDRESS:

1. \_\_\_\_\_

2. \_\_\_\_\_

STARTING DATE OF BLUE ASH ACTIVITY: \_\_\_\_\_

NAME AND ADDRESS OF BLUE ASH JOBSITE: \_\_\_\_\_

*Attach complete listing with addresses & phone numbers of all subcontractors used.*

NUMBER OF EMPLOYEES WORKING IN BLUE ASH: \_\_\_\_\_

HOW MANY HOURS WORKING IN BLUE ASH: \_\_\_\_\_ PER WEEK \_\_\_\_\_ PER MONTH \_\_\_\_\_ PER YEAR

*I CERTIFY THE ABOVE INFORMATION TO BE TRUE, COMPLETE, AND ACCURATE.*

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_