



# City of Brunswick, Ohio

Income Tax Department, 4095 Center Rd., Brunswick, OH 44212  
(330) 558-6815 Fax: (330) 273-8023

## Business Questionnaire

Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

or

Owner's Social Security# \_\_\_\_\_

Calendar-Year or Fiscal-Year? \_\_\_\_\_

If Fiscal-Year, ending month? \_\_\_\_\_

Business Trade Name, if different from above: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

Brunswick work location: \_\_\_\_\_

Landlord, if renting building space: \_\_\_\_\_

Will you have employees working in the city of Brunswick? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Officer's/Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Officer's/Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Organization: \_\_\_ Corporation \_\_\_ S-Corp \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Non-Profit Organization

Sole Proprietors, Partnerships, Unincorporated businesses, provide names, addresses, and social security numbers of all owners (use back if additional space is needed)

:

\_\_\_\_\_  
\_\_\_\_\_

List the name and address of any sub-contractors that you will use on the back.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_