

Contractor Questionnaire
ASHLAND MUNICIPAL INCOME TAX
218 Luther Street
Ashland, Ohio 44805-3128
PHONE: (419) 289-0386 FAX: (419) 289-9225

1. Business Name: _____

Address: _____

Phone: _____ Fax: _____ Fed ID: _____

2. Type of Ownership: (Please Check)

Individual Proprietorship Corporation Partnership

Accounting Period: Calendar Yr Ending Dec 31st

Fiscal Yr Ending: _____

3. Job Site Location: _____

4. On what date did you begin or expect to begin work in City of Ashland? _____

5. How long do you expect the job to last? Date: _____

6. Nature of Business: _____

7. Do you have employees? Yes No

8. If no do you expect to have employees in the future? Yes No

9. Send net profit returns to:
(complete name & address)

Send withholding forms to:
(complete name & address)

10. Will you be using sub-contractors? Yes No

Note: If you answered yes to this question, please complete the attached form.

11. Name and address of statutory agent: _____

Note: this must be complete.

Signed: _____

Title: _____ Date: _____

Please complete and return this form within 14 days.