

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: _____