



City of Huber Heights
Division of Taxation
P. O. Box 24309
Huber Heights, Ohio 45424
Phone: (937) 237-2976
Fax: (937) 237-2983

BUSINESS - INCOME TAX QUESTIONNAIRE

The following information is required to properly establish your City of Huber Heights income tax account.
Please answer all questions fully and return this form to the address above.

(PLEASE TYPE OR PRINT)

- =====
1. Type of Organization: Partnership _____ Corporation _____ S Corporation _____ Sole Proprietor _____
(Please check one) Nonprofit Organization _____ Other (Explain): _____
2. Business Name _____ Federal ID No. _____
3. Type of Business or Trade _____
4. Local Business Address _____ Telephone (____) _____
5. Mailing Address _____
6. Email Address _____
7. Full Name of Owner(s) _____ Social Security No. _____
8. Home Address _____ Telephone (____) _____
9. Date activity started in City of Huber Heights, ____/____/____ Accounting Period: Calendar Year ____
or Fiscal Year Ending ____/____/____
10. Do you own rental properties within the City of Huber Heights? Yes _____ No _____ If yes, please list property
addresses and date acquired (on back or separate attachment).
11. Do you have employees working in the City of Huber Heights? No _____ Yes _____ If yes, when did your employee(s)
start working in Huber Heights? ____/____/____
12. Are you withholding **only** as a courtesy to employees who reside in the City of Huber Heights? No _____ Yes _____
If yes, what date did you first start withholding City of Huber Heights tax? ____/____/____
Please provide the employees name, address: _____
13. Are you a Monthly or Quarterly withholder? M _____ Q _____. If your withholding remittance is more than
\$600.00 per quarter, you must remit withholding tax on a monthly basis.
14. Do you use Subcontractors? No ____ Yes _____. If you are using Subcontractors, for any portion of your business, please
indicate the name, address, and Federal ID number(s)/Social Security Number(s) of the company(ies) or individual(s) who
contracted with you for work performed in Huber Heights. (on back or separate attachment).
15. If you have filed City income tax returns before, show name and address used and which year(s) were filed.

16. If this is a change of ownership, give name, address, and telephone number of former owner:
_____ Date of change ____/____/____

Print Name _____ Signature _____

Title _____ Date ____/____/____