

BUSINESS INCOME TAX QUESTIONNAIRE
South Lebanon Tax Rate is 1%

BUSINESS NAME _____ Federal ID No. ____ - _____

DBA _____ Soc. Sec. No. ____ - ____ - ____
(If Applicable)

Address of Business _____
Street Ste. No. City Zip Code

Address for Mailings _____
(if diff. from above) Street Ste. No. City Zip Code

PLEASE CHECK ONE:

- ____ SOLE PROPRIETOR ____ GEN. PARTNERSHIP ____ C CORPORATION
- ____ SUB S CORPORATION ____ LTD. LIABILITY CO/PARTNERSHIP ____ NON PROFIT OR GOV'T AGENCY

NUMBER OF EMPLOYEES YOU WILL BE WITHHOLDING FOR _____

EMPLOYER WITHHOLDING WILL BE REMITTED: _____ MONTHLY or _____ QUARTERLY

DO YOU USE A PAYROLL SERVICE? ____ YES or ____ NO IF YES, NAME OF PAYROLL SERVICE _____

IF EMPLOYEES ARE LEASED, NAME AND ADDRESS OF LEASING CO. _____

IF THIS IS A COURTESY WITHHOLDING, CHECK BOX AND GO TO THE BOTTOM SECTION
(If W/H for a **resident** of South Lebanon who pays to another city, W/H tax is one half percent 1/2%)

IF THIS IS A TEMPORARY ACCOUNT FOR A PROJECT IN SOUTH LEBANON, NAME PROJECT _____

PROJECT START DATE _____

TYPE OF BUSINESS (MFG. RETAIL, ETC.) _____

IF BUSINESS IS IN SOUTH LEBANON, DATE BUSINESS BEGAN _____

IF RENTING OFFICE SPACE, NAME OF LANDLORD _____

IF A SOUTH LEBANON-BASED BUSINESS, WILL THERE BE EXTENSIVE USE OF TEMPORARY HELP AGENCIES? ____ YES or ____ NO
IF YES, PLEASE NOTIFY THEM TO WITHHOLD SOUTH LEBANON INCOME TAX. PLEASE LIST AGENCY NAMES HERE _____

ACCOUNTING PERIOD: _____ DECEMBER 31ST _____ OTHER _____

CONTACT NAME: _____ TITLE: _____

PHONE NO.() _____ FAX NO.() _____

EMAIL ADDRESS: _____

I Certify the above information is true, correct, and complete to the best of my knowledge.

SIGNATURE _____ DATE _____