

VILLAGE OF SOUTH LEBANON BUSINESS QUESTIONNAIRE

NAME OF BUSINESS: _____

FEDERAL ID NUMBER: _____

DBA: _____

ADDRESS: _____
ADDRESS SUITE NO. CITY STATE ZIP CODE

PHONE NO. () _____

FAX NO. () _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

TITLE: _____

MAILING ADDRESS: (If different from above listed address) _____
ADDRESS SUITE NO. CITY STATE ZIP CODE

NATURE OF BUSINESS: _____

ACCOUNTING PERIOD: _____ CALENDAR YEAR or

(check one) _____ FISCAL YEAR ____/____

TYPE OF BUSINESS (please check one):

_____ Sole Proprietorship _____ Partnership _____ S Corporation _____ Corporation _____ Ltd. Liability Co. _____ Non-Profit

NUMBER OF EMPLOYEES WITHHOLDING: _____

EMPLOYER WITHHOLDING REMITTED: _____ MONTHLY or _____ QUARTERLY

DO YOU USE A PAYROLL PROVIDER? _____ YES _____ NO

NAME OF PAYROLL PROVIDER: _____

CONTACT NAME: _____

TELEPHONE NO: () _____

ADDRESS: _____
Address Suite No. State Zip Code

The income tax rate for the Village of South Lebanon is 1%.

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

SIGNATURE: _____ TITLE: _____ DATE: _____