

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: \_\_\_\_\_