

Village of New Boston  
Lori Jordan, Tax Director  
3980 Rhodes Avenue  
New Boston, OH 45662  
740-456-4103 Fax No. 740-456-6473

**BUSINESS CONFIDENTIAL INCOME TAX QUESTIONNAIRE**

1. Name of Firm \_\_\_\_\_
2. New Boston Street Address \_\_\_\_\_
3. Federal Identification No. or SSN: (Used as the account number) \_\_\_\_\_
4. Address where tax forms are to be mailed. \_\_\_\_\_  
\_\_\_\_\_
5. Accounting Period: \_\_\_\_\_ Calendar Year \_\_\_\_\_ FYE ending: \_\_\_\_\_
6. Nature of Business \_\_\_\_\_
7. Date Work Started \_\_\_\_\_
8. Type of Business: (Circle one) Corporation Proprietorship Professional Partnership  
Other If other, please explain \_\_\_\_\_
9. Number of Employees \_\_\_\_\_
10. Do you wish to pay withholding quarterly, monthly or semi-monthly \_\_\_\_\_
11. Please indicate name and address of previous owner and the name of the business \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title \_\_\_\_\_  
(Signature)