

City of Ontario

Business and Professional Questionnaire

Income Tax Department

For the purpose of our records, with regard to Ontario Income Tax, please complete and return this questionnaire promptly in the enclosed self-addressed envelope.

1. Local name and address as used for business purposes:
Trade Name _____ FID # _____
Location _____ Phone # _____

2. Nature of business conducted: _____

3. Accounting period used for Federal income tax purposes:
Calendar Year ending 12/31: _____ Fiscal Year ending _____

5. Do you employ one or more persons? _____
Do you expect to have employees in the future? _____

6. Do you at any time of the year employ persons who are subject to Ontario income tax and from whom you do NOT withhold city tax? _____ If yes, attach a list of such persons, showing names and addresses.

7. Type of ownership: Individual proprietorship _____; Corporation _____;
Partnership _____; Non-profit Corporation _____.

8. If partnership, association or other unincorporated joint business venture, indicate how the Ontario income tax return, upon the net profit, will be filed and paid:
In full by business _____; separately by individual members _____.

9. Address to which tax forms are to be mailed:

Net Profit Return	Withholding Report Return
_____	_____
_____	_____
_____	_____
_____	_____

Date began working in Ontario _____

10. Owner's name and address

Individual proprietorship

Parent of Corporate Subsidiary

Partnership, association or other unincorporated joint business venture:

Name	Address	City	State	Zip
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(1.) _____

(2.) _____

(3.) _____

(4.) _____

11. With reference to real estate properties located within the City of Ontario; does the business occupy, as a tenant, real property in Ontario rented from others? _____
 If yes, to whom is rent paid?

Name	Address	City	State	Zip
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(1.) _____

(2.) _____

(3.) _____

Please provide any additional information which may affect your income tax status: _____

The information hereby submitted is true and correct.

Signature	Title	Date
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