

CITY OF MASSILLON  
INCOME TAX DEPARTMENT  
ONE JAMES DUNCAN PLAZA  
PO BOX910  
MASSILLON, OHIO 44648-0910  
Phone (330)830-1709  
Fax (330) 830-2687

**BUSINESS AND PROFESSIONAL QUESTIONNAIRE**

Please complete this questionnaire and return it to the Income Tax Department or mail to:

PO Box 910, Massillon, Ohio 44648-0910.

Information provided will be used exclusively for income tax purposes and will not be further disclosed.

\* 1. Name and Address of the business:

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

City of Massillon Location Address (if applicable): \_\_\_\_\_

\*2. Federal Employer ID or Social Security No.: \_\_\_\_\_

3. Nature of business conducted: \_\_\_\_\_

4. Accounting method (check one):  Calendar Year ending December 31.  Fiscal Year ending \_\_\_\_\_

5. Do you now employ one or more persons?  Yes  No If yes, how many? \_\_\_\_\_ If no, do you expect to have employees in the future?  Yes  No If yes, how many? \_\_\_\_\_

6. Date that your business began operating within the City of Massillon: \_\_\_\_\_ or started withholding \_\_\_\_\_

7. Type of ownership:  Proprietorship  S Corp  C Corp  Partnership  Non-Profit Corp  Other \_\_\_\_\_

8. If the business is located outside of the City of Massillon, are you withholding income taxes as a courtesy for your employees?  Yes  No Date withholding started: \_\_\_\_\_

9. Address to which tax forms, notifications and official correspondence are to be mailed: \*

Business Name: \_\_\_\_\_ To the attn. of: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

10. Check here  if the business authorizes the City of Massillon Income Tax Department to contact directly the party in charge of the business's tax accounting.

11. Party in charge of tax accounting: \_\_\_\_\_ Contact phone no.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

12. Please indicate below your preference for payroll forms:

Withholding forms are needed, we prepare our own payroll.

Check one:  Please fax to: \_\_\_\_\_ or  Mail to above address\*

Withholding forms are not needed, we use a payroll service. Name of payroll service \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Municipality's Building & Engineering Departments shall not issue any license or permit to any person, firm, partnership, association, corporation or other entity that does not possess a valid Certificate of Tax Registration in accordance with ORD 181.23.

\*\*\* IF YOU ARE A CONTRACTOR - PLEASE COMPLETE THE BACK SIDE OF THIS FORM \*\*\*

**Codified Ordinances of the City of Massillon, Ohio, Section 181.23 REGISTRATION OF CONTRACTORS**

- (A) No person, firm, partnership, association, corporation or other entity shall perform any construction work within the City of Massillon without first obtaining a tax account number and a Certificate of Tax Registration from the City of Massillon Income Tax Department.
- (B) A Certificate of Tax Registration shall be denied to any person, firm, partnership, association, corporation or other entity who is not current in the filing of required tax documents; who is not current in the required payment of taxes; or who has not complied with the provisions of this Chapter.
- (C) The Income Tax Department shall maintain a list, and provide quarterly updated list to the City of Massillon Building and Engineering Departments, of the persons, firms, partnerships, associations, corporations and other entities holding valid Certificates of Tax Registration.
- (D) The Municipality's Building and Engineering Departments shall not issue any license or permit required by Sections 913.01, 917.02, 917.13, 925.12, 925.13, 1301.1, 1311.03, 1313.06, 1313.07, 1313.15, 1317.06, 1317.07, 1317.18, 1321.04, 1321.08, 1341.02 and 1341.05 of the Codified Ordinances of the City of Massillon to any person, firm, partnership, association, corporation or other entity that does not possess a valid Certificate of Tax Registration.
- (E) Failure to possess a valid Certificate of Tax Registration shall be cause for suspension of work by the Building Department, Engineering Department and/or the Income Tax Department prior to the construction work commencing and/or during the performance of the construction work. Proof of a valid Certificate of Tax Registration shall be necessary to commence or resume suspended construction work.
- (F) A Certificate of Tax Registration may be canceled or revoked by the Income Tax Department for the failure of a person, firm, partnership, association, corporation or other entity to remain current in the required filing of tax documents; for failing to remain current on the required payment of taxes; and for failure to comply with the provisions of this Chapter.
- (G) The word "construction" as used in this section shall mean any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping performed within the limits of the City. (Ord.159-2015. Passed 11-16-15)

**\*\*\*IF YOU ARE USING SUB-CONTRACTORS YOU MUST LIST THEM BELOW\*\*\***

1. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

6. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

7. Name: \_\_\_\_\_ Fed ID or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If more than seven sub-contractors are to be used, please attach additional sheet(s). Please notify the Income Tax Department of any additional or substituted sub-contractors that may be used.

I certify that I have read the section of the ordinance that pertains to the REGISTRATION OF CONTRACTORS and will lawfully comply with the ordinance of the City of Massillon. I also certify that I have disclosed all sub-contractors that will be used during construction.

Signature of individual completing form: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_