



Division of Taxation Business and Professional Questionnaire

Return form to: 400 Conant St, Maumee OH 43537 · Fax (419) 897-8924 · Email: Tax@Maumee.org

For the purpose of our records, with regard to Maumee Income Tax (1.5% withholding tax on employee wages and net profits), please complete and return this form promptly.

1) Trade Name: _____ FEIN: _____
(Required)

2) Maumee Address: _____ Do you own this Property? ____
If renting, give name and address of owner: _____

3) Is Maumee address a home office or branch? _____ Parent Co. Name: _____

4) Address where forms should be sent for withholding and net profits attributable to Maumee:

Phone Number _____ Email: _____

5) Starting date of Maumee activities: _____

6) What is the location of your current activity? _____

7) Type of Organization: Sole Proprietor/Single Member LLC ____ Corporation ____ Partnership ____
Other (please explain) _____

8) Accounting Period: Calendar Year _____ or Fiscal Year Ending _____

9) Are there now or will there be employees subject to Maumee Income Tax? Yes ____ No ____
Approximate # of employees _____ Remittance Schedule: ____ Quarterly (\$300 or less per month)
____ Monthly (\$300 to \$3,000 per month) ____ Semi-monthly (\$3,000 or more per month)

10) If using a payroll company list name _____

11) If you are withholding Maumee income tax as a courtesy for employees who do not work in, but reside
in Maumee please check here ____ Employee's home street address _____

12) Name of Officer (Corp) or Owner (Sole Proprietor) _____
(Required)
Officer/Owner SSN _____
(Required)

13) Nature of business _____

14) Attach list of subcontractor names, address and type of work (By ordinance – Form 1099 Required)

IF BUSINESS WAS OUTGROWTH OF ANOTHER, FILL IN THE FOLLOWING:

15) Name of former owner(s): _____

16) Trade name: _____

17) Nature of change: Sale ____ Discontinuance ____ Change in organization ____
Other ____ (please explain) _____

Date: _____ Signature: _____ Title: _____