

**VILLAGE OF WALBRIDGE - DEPARTMENT OF TAXATION**  
**705 North Main St. Walbridge, Ohio 43465**  
**419-666-1830 phone 419-661-8458 fax**

**BUSINESS QUESTIONNAIRE**

NAME: \_\_\_\_\_ FEDERAL I.D. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Section 181 of the Codified Ordinances of the Village of Walbridge imposes a tax at the rate of one and one-half (1.50%) on:

A) All salaries, wages, commissions and other compensation earned within the corporate boundaries of the Village. Each employer within or doing business within the Village, who employs one or more persons on a salary, wage, commission, or other compensation basis, shall at the time of payment thereof, deduct the tax and remit in accordance with regulations defined in the ordinance, to the Commissioner of Taxation.

B) The portion of net profits attributable to the Village of Walbridge of a business, profession, enterprise or other activity.

1. NATURE OF BUSINESS: \_\_\_\_\_

2. Starting date of activities in Walbridge: \_\_\_\_\_

3. Number of employees to be employed in the Village of Walbridge: \_\_\_\_\_

4. If address shown above is a branch office, show name and address of home office, or vice versa.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Indicate address to which forms should be mailed: \_\_\_\_\_

6. Type of Business Organization:

a. Corporation \_\_\_\_\_ b. Partnership \_\_\_\_\_ c. Proprietorship \_\_\_\_\_ d. Other \_\_\_\_\_

7. Date of accounting year end: \_\_\_\_\_

8. If you checked **6c** above, show names and address of partners. If you checked **6d** above, explain the type of organization.

\_\_\_\_\_

9. If you are withholding Walbridge tax as a courtesy for employees who do not work in Walbridge, but do reside in Walbridge, please check here: \_\_\_\_\_

I certify the above to be true and correct:

\_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)