



Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

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Ronnie Lynch

TAX ADMINISTRATOR
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BUSINESS QUESTIONNAIRE

Business Name _____

Attention _____

Gallipolis Address _____

Telephone # _____

Federal ID # _____

Date Business Started in Gallipolis _____

Describe Specific Business Activity _____

If the Business rents property in city, list Name & Address of Landlord –

If above is a Branch office, list Name, Address & Phone # of main office –

Accounting period : Calendar year ____ Fiscal Yr. ending _____

Type of Ownership : Proprietorship _____ Partnership _____ LLC _____
Corp _____ Non Profit _____ Other _____

If Individual Proprietorship, list name & address of owner –

Do you have Employees working in the city ? All year _____ Seasonal _____

I do hereby certify that the above information is correct and true.

Name _____ Date _____