



Founded 1790

# City of Gallipolis

## INCOME TAX DEPARTMENT

P O BOX 339  
GALLIPOLIS, OHIO 45631  
Telephone (740) 441-6009 EXT 722  
Fax (740) 441-2062  
Email brobinson@gallipoliscity.com

## 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 \_\_\_\_\_