

City of Lebanon
Income Tax Department
50 S. Broadway
Lebanon, Ohio 45036



(513) 933-7205
Fax – (513) 228-3902
incometax@lebanonohio.gov
www.lebanonohio.gov

BUSINESS TAX AND WITHHOLDING QUESTIONNAIRE

Name of Business _____

Doing Business As _____

FEIN # _____ Phone # _____ Fax # _____

Local Address of Business _____

Mailing Address if different _____

Date Business Started in Lebanon _____ Fiscal Year End _____

How many employees living _____ or working _____ in Lebanon? _____

If using a payroll company, please provide name of company: _____

If withholding for **convenience** or remote/hybrid employee, please give home address of employee(s):

Contact Person for Income Tax Returns

Contact Person for Withholdings

Name _____

Name _____

Title _____

Title _____

Phone # _____

Phone # _____

Email Address _____

Email Address _____

Type of Ownership: Corporation ____ Partnership ____ Sole Proprietor ____ Other(Explain) _____

If this is a temporary account for a project in Lebanon, please list the name of the project and start date:

Please answer the following questions if this is a Lebanon based business:

Will sub-contractors be used to perform services within city limits? If so, please list on reverse.

Will there be extensive use of temporary help agencies? If so, please notify them to withhold

Lebanon City Tax and indicate name of agency _____

****Once complete, please submit via mail, fax or e-mail using the information listed at the top this form****

Name of Person Completing Form

Signature

Date Completed

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Please list any Sub-Contractors, Contract Employees, or Board of Directors here, if they receive income from work or services performed inside the City of Lebanon.

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list name(s) and address(s) of property owner from whom this business rents space inside Lebanon:

Property Owner

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Person Completing Form

Signature

Date Completed