



CITY OF BOWLING GREEN, OHIO  
 INCOME TAX DIVISION  
 304 NORTH CHURCH STREET  
 BOWLING GREEN, OH 43402-2399

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 Web: <http://www.bgohio.org>

FAX (419)354-5122

Please complete and return this questionnaire promptly so that our records will correctly reflect your tax compliance obligations in this city and so that we can provide proper forms in a timely manner. Thank you.

TAX RATE: 2.00%

1. Company and Trade Name \_\_\_\_\_ FEIN No. \_\_\_\_\_
2. Name of Officer (If a Corporation) and Title \_\_\_\_\_
3. Name of Owner(s) \_\_\_\_\_ Soc. Sec \_\_\_\_\_
4. Mail Forms to (Street/PO Box) \_\_\_\_\_ Phone \_\_\_\_\_  
 (City/State/Zip) \_\_\_\_\_ FAX \_\_\_\_\_
5. B.G. Address/Work Location \_\_\_\_\_ Phone \_\_\_\_\_
6. Accountant Name and Address \_\_\_\_\_ Phone \_\_\_\_\_
7. Starting Date of Bowling Green Activities \_\_\_\_\_ If temporary, anticipated ending date \_\_\_\_\_
8. Type: Individual Proprietor \_\_\_\_\_; Partnership \_\_\_\_\_; Corporation \_\_\_\_\_; Sub-S Corporation \_\_\_\_\_;  
 LLC (Sole Proprietor) \_\_\_\_\_; LLC (Partnership) \_\_\_\_\_; LLC (Corporation) \_\_\_\_\_; Non-Profit Corporation \_\_\_\_\_;  
 Association \_\_\_\_\_  
 If a partnership, list on the back of this form the names and addresses of all partners.  
 If "S" Corporation, list on the back of this form the names and address of all shareholders.
9. A. Do you have employees working in Bowling Green (since \_\_\_\_\_)? Yes \_\_\_\_\_ No \_\_\_\_\_  
**OR**  
 B. Are you withholding BG taxes for BG residents who work outside of BG? Yes<sup>(\*)</sup> \_\_\_\_\_ No \_\_\_\_\_  
<sup>(\*)</sup>If Yes, what date did you begin BG city tax withholding \_\_\_\_\_
10. Accounting Period: Calendar Year (Y/N) \_\_\_\_\_ **OR** Fiscal Year Ending (mm/dd) \_\_\_\_\_
11. Nature of business \_\_\_\_\_
12. Is this local address the Home Office or a Branch \_\_\_\_\_
13. If no Bowling Green address, do you have net profit/loss attributable to Bowling Green? Yes \_\_\_\_\_ No \_\_\_\_\_  
 your email address: \_\_\_\_\_

**If Business Was Outgrowth of Another, Please Complete the Following:**

14. Name of former owner(s) \_\_\_\_\_
15. Trade Name (If Any) \_\_\_\_\_ ID # \_\_\_\_\_
16. Mailing Address \_\_\_\_\_
17. Type of Organization: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Association \_\_\_\_\_
18. Nature of change: Sale \_\_\_\_\_ Discontinuance \_\_\_\_\_ Change in Organization \_\_\_\_\_ Other \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_