

BUSINESS AND PROFESSIONAL QUESTIONNAIRE
CITY OF CARLISLE • DEPARTMENT OF TAXATION

760 W Central Ave • Carlisle, OH 45005 • 937/746-0556 • 937/743-8178 fax
EMAIL: dkier@carlisleoh.org

IS THIS ACCOUNT FOR A COURTESY CARLISLE TAX WITHHOLDING? YES NO
IF "YES", PLEASE COMPLETE SECTION 1 ONLY.

IF THIS ACCOUNT IS NOT FOR A COURTESY TAX WITHHOLDING, PLEASE COMPLETE SECTIONS 1 & 2.

SECTION I

FEDERAL IDENTIFICATION NUMBER: _____

NAME OF BUSINESS: _____

BUSINESS MAILING ADDRESS: _____

*(All correspondence will
be sent to this address.)*

APPROXIMATE NUMBER OF EMPLOYEES TO BE WITHHELD: _____

CONTACT PERSON: _____ PHONE (____) _____ EXT _____
EMAIL _____

FILING TERMS: QUARTERLY (due last day of month proceeding end of quarter)
 MONTHLY (due the 15th day proceeding the end of month)

WILL A 3rd PARTY (I.E. ADP, PAYCHEX) BE REMITTING PAYMENTS? YES NO

NOTE: IF AVERAGE MONTHLY WITHHOLDING EXCEEDS \$300, MONTHLY FILING IS MANDATORY.

SECTION II

This section is to be completed by companies conducting business within the City of Carlisle. All such companies will be required to file a yearly local tax return and are subject to 1.5% local tax on all locally earned profits. MUST ALSO COMPLETE SECTION I.

CARLISLE BUSINESS LOCATION: _____

CARLISLE TELEPHONE: (____) _____

NATURE OF BUSINESS: _____

ACCOUNTING PERIOD: CALENDAR FISCAL _____ *specify FYE*

NOTE: ALL LOCAL BUSINESSES MUST WITHHOLD CARLISLE TAX FROM EMPLOYEES.
IF NO TAX IS TO BE WITHHELD, CHECK HERE AND EXPLAIN BELOW:

QUESTIONNAIRE COMPLETED BY: _____

_____ Date

LOCAL TAX RATE = 1.5%