

Resident Business Questionnaire

Company Name: \_\_\_\_\_ Federal ID#: \_\_\_\_\_  
DBA or Trade Name: \_\_\_\_\_  
Date Started or Acquired in Amherst: \_\_\_\_\_  
Amherst Address: \_\_\_\_\_  
Amherst Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Amherst Fax: \_\_\_\_\_  
Address of Main Office: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Address where Net Profit forms are to be mailed: \_\_\_\_\_  
Accounting Period Used:  
Calendar Yr. \_\_\_\_ FYE Month \_\_\_\_  
Type of Ownership:  Corporation  Partnership  1120S  Sole Proprietorship  Non-Profit  
Other: \_\_\_\_\_

If this business is a Sole Proprietorship, Partnership or LLC please complete the following information:

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Address: \_\_\_\_\_

Payroll Withholding Information- Tax Rate 1.5%

Address where W/H forms mailed: \_\_\_\_\_ Number Employed in Amherst: \_\_\_\_\_  
W/H Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
OR:  Payroll Service (FEIN is used as the Account Number)  Monthly  Quarterly  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name/Dept: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

If Amherst location is rented or leased, please provide name, address & phone of rental owner:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date