

8. a. Federal Identification Number for reporting purposes _____

b. Accounting period for tax purposes: Calendar year ending December 31st.
 Fiscal Year ending _____ .

c. Type of ownership: Proprietorship, Corporation, Partnership, Association,
 Non-Profit Corporation or Non-Profit Association.

If partnership, list partner's name(s), address, phone number and share amount below.

Name Address Area Code and Phone Number Share Amount

Name Address Area Code and Phone Number Share Amount

Name Address Area Code and Phone Number Share Amount

9. Name, address and type business in Celina taxing jurisdiction:

Name Address Type

10. Date business activity or service was started? ____ / ____ / ____ .

11. Do you have one or more employees? Yes No. IF NO, will you in the future? Yes No.

12. If you are a contractor, do you sub-contract within this municipality? Yes No. IF YES, list below those businesses name, addresses and their type business.

Name Address Type

Name Address Type

Name Address Type

13. Statutory Agent: _____, Soc. Sec. # ____ / ____ / ____ .
MUST BE COMPLETED (Print or Type Full Name) And Date of Brith ____ / ____ / ____ .

* AUTHORIZED SIGNATURE: _____ DOES HEREBY STATE INFORMATION IS TRUE AND CORRECT.

BUSINESS NAME AS REPORTED TO THE IRS and STATE TAX OFFICES.

Send Final Return forms to:

Send Withholding forms to:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone () _____

Phone () _____

Any "Person" failing to file this questionnaire or knowingly giving false information on this questionnaire is subject to a fine of not more than five hundred dollars (\$500.00) or imprisoned for not more than six (6) months, or both.