

Resident Business Questionnaire

Company Name: _____
DBA or Trade Name: _____

SS or Fed ID#: _____

Amherst Address: _____

Date Started or Acquired in Amherst: _____

E-mail Address: _____

Amherst Phone: _____

Amherst Fax: _____

Address of Main Office: _____

Phone: () _____

Address where Net Profit forms are to be mailed: _____

Accounting Period Used:

Calendar Yr. _____ FYE Month _____

Address where W/H forms are to be mailed: _____
(If Applicable) _____

Number of Persons Employed in Amherst: _____

OR: Payroll Service (no forms will be sent)

Type of Ownership: Corporation Partnership 1120S Individual Non-Profit

Other: _____

Complete the following information for all partners, officers and/or associates:

Name: _____

SS# _____

Address: _____

Name: _____

SS# _____

Address: _____

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

Name: _____ Phone: _____

Address: _____

Signature

Date