

**BUSINESS AND PROFESSIONAL QUESTIONNAIRE**  
**INCOME TAX DEPARTMENT**

For purpose of our records, with regard to Bryan Income Tax, please complete and return this Questionnaire promptly in the enclosed self-addressed envelope. Effective January 1, 2006, Bryan Tax rate is 1.8%.

- 1) Local name and address as used for business purpose:  
Trade Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ Phone # \_\_\_\_\_
- 2) Employer's Federal Identification Number \_\_\_\_\_
- 3) Accounting Period:      Calendar Year \_\_\_\_\_ Fiscal Year Ending \_\_\_\_\_
- 4) Starting Date of Bryan Activities \_\_\_\_\_
- 5) Nature of business conducted \_\_\_\_\_
- 6) Type of Organization:      Individual Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Non-Profit Corporation \_\_\_\_\_ Association \_\_\_\_\_ (if partnership, attach list giving names & Addresses of partners)
- 7) If Business is a Partnership, indicate HOW the Bryan Income Tax Return, upon the net profit, Will be filed and paid. Check which:  
a) \_\_\_\_\_ In full by the business; or (b) \_\_\_\_\_ Separately by the individual partners on individual shares.
- 8) Are there now or will there be employees subject to Bryan Income Tax?  
No \_\_\_\_\_; Yes \_\_\_\_\_ Payroll starting Date \_\_\_\_\_, In house \_\_\_\_\_  
Payroll Service \_\_\_\_\_
- 9) Do you at any time during the year employ persons WHO- ARE SUBJECT TO BRYAN INCOME TAX and from whom you do NOT withhold the City Income Tax? \_\_\_\_\_. ATTACH LIST OF SUCH PERSONS, showing names and addresses.
- 10) If no Bryan address, do you have net profits attributable to Bryan?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) If you operate more than one place of business, give trade name/location:  
\_\_\_\_\_
- 12) Owner's name and address.  
a) If individual proprietorship, give owner's name and address:  
Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
b) If corporate subsidiary, give name and address of parent company main office:  
Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

The information hereby submitted is true and correct. -Signature:

Name (if individual) \_\_\_\_\_ Date \_\_\_\_\_  
Company \_\_\_\_\_ Title \_\_\_\_\_