Rental Property Questionnaire

For the purpose of maintaining accurate St. Bernard City Income Tax Records, please complete and return this questionnaire promptly to:

St. Bernard Tax Department 110 Washington Avenue St. Bernard, OH 45217

Comp	pany Name FED ID	
Doing	g Business as Phone	
1.	Name of Owner(s):	
2.	Name of Agent or Property Manager and contact number:	
3.	Business Address:	
4.	Location of rental property in St. Bernard:	
5.	St. Bernard Building Permit Number Associated with the property:	
6.	Are there now, or will there be employees working in St. Bernard? Yes No If yes, # of employees Resident Non-Resident	
7. Type of Organization: Sole Proprietor Partnership Non-Profit Corp LLC Association Other If partnership, association, or other incorporated joint business venture, indicate how the St. Bernard Income Tax Return upon the Net Profit will be filed and paid: (a) in full by the business or (b) separately by individual members		
8. Bı	Business Fiscal Year - Ending Month:	
9.	Other information to provide:	
D	Date: Signature/Title:	

Should you have any questions, you may contact the St. Bernard Tax Department at (513) 242-7710 between the hours of 9:00 am and 5:00 pm weekdays.

Email: tax@cityofstbernard.org Website: www.cityofstbernard.org