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 _____