

**City of Springfield**  
**Division of Taxation**  
P.O. Box 5200  
Springfield, Ohio 45502  
Phone: (937) 324-7357  
Fax: (937) 328-3471

**BUSINESS-INCOME TAX QUESTIONNAIRE SUBCONTRACTOR LIST**

(All general and subcontractors must be licensed in the City of Springfield)

**Date:** \_\_\_\_\_ **Site Address:** \_\_\_\_\_

**General**

Name	Email Address	Phone
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**Excavator**

Name	Email Address	Phone
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**Electrical**

Name	Email Address	Phone
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**Gas Piping**

Name	Email Address	Phone
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**HVAC**

Name	Email Address	Phone
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**Sewer**

Name	Email Address	Phone
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**Framing**

Name	Email Address	Phone
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**Concrete**

Name	Email Address	Phone
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**Waterproofing**

Name	Email Address	Phone
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**Roofing**

Name	Email Address	Phone
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**Drywall**

Name	Email Address	Phone
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**Brick Work**

Name	Email Address	Phone
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**Insulation**

Name	Email Address	Phone
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**\*\*\*\*\*If there are multiple listings for each category, please list them on a separate sheet\*\*\*\*\***