



City of Whitehall Income Tax Division Business Registration

The information requested on this form is essential to the establishment of your account and will be used for official purposes only. Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Income Tax Division at (614) 237-9803.

Type of Organization: (Please check one)

Federal I.D. No. _____	Corporation		Partnership		Non-Profit	
	S-Corp					

Social Security No. _____	Sole Proprietor Schedule C/E	Withholding ID: <small>**If different than FEIN</small>			
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1. **Local** name and address as used for business purposes:

Business name: _____
 Address: _____
 City/State/Zip: _____
 Telephone No. () _____ Fax No. () _____

2. Description of your primary product or service: _____
 NAICS Code: _____

3. What date did your operation begin in Whitehall? _____

4. If corporate subsidiary, give name and address of parent company's main office:

Name: _____ Telephone No. _____
 Address: _____
 City/State/Zip: _____

5. If sole proprietorship, give owner's name and address

Name: _____ Telephone No. _____
 Address: _____
 City/State/Zip: _____

6. Name and title of your Chief Executive Officer: _____

7. Please list all names, addresses, and telephone numbers of all partners or principal corporate officers: (attach list if necessary)

	Name	Address	SSN	Telephone Number
(a)	_____			
(b)	_____			
(c)	_____			

8. Accounting period used:

Calendar year ending December 31 Fiscal year ending: _____

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

9. Estimated Annual Payroll: _____ x .025 = _____ (estimated tax withheld)

Semi monthly (if income tax withheld is over \$12,000 per year)

Monthly (if income tax withheld is over \$1,200 per year but under \$12,000 per year)

Quarterly (if income tax withheld is less than \$1,200 per year)

10. Please complete the statements below; if applicable:

(A) Number of employees (if sole proprietor do not include yourself)

Full-time: _____ Part-time: _____

(B) Date when employees began working in Whitehall _____

(C) _____ We have no employees in Whitehall. We wish to withhold as a courtesy for employees who live in Whitehall starting _____.

11. Do you lease business space from others? If so, to whom is rent paid:

Name	Address	City/State/Zip	Telephone No.
Owner: _____	_____	_____	_____
Agent: _____	_____	_____	_____

12. Send the **Business net profit** tax return to (not applicable for Courtesy Withholders):

Business Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

13. Send **Employee withholding** tax report form to:

Business Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

14. For Contractors/Sub-Contractors Only:

(A) Are you a general contractor or sub-contractor? _____

(B) Location of current job: _____

(C) Probable length of job: from: _____ to: _____ Estimated cost of job: _____

(D) Will you be doing more than one job in Whitehall? Yes/no

(E) Name and address of party from whom work is contracted:

Name: _____

Address: _____

(F) Will you be sub-contracting any of the work to someone else? If yes, please attach a list with name and address.

15. Does your organization use a payroll service? _____ If yes, provide name: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

Signature: _____ Date: _____

Title: _____

Company: _____

Thank you for your cooperation, please don't hesitate to call if we can assist you in any way.

REMIT TO:

City of Whitehall

360 South Yearling Road, Whitehall, OH 43213 (614) 237-9803 or Fax (614) 237-7902