



City of Whitehall
Income Tax Division
Rental Property Registration

Income Tax Division
 360 S. Yearling Rd.
 Whitehall, OH 43213
 Website: www.whitehall-oh.us
 Phone: 614-237-9803
 Fax: 614-237-7902
incometax@whitehall-oh.us

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	
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Social Security No. _____	Sole Proprietor	LLC	
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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. If corporate subsidiary, give name and address of parent company's main office:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Name: _____
 Address: _____
 City/State/Zip: _____

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

5. 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)	_____			

6. Accounting period used:

Calendar year ending December 31 Fiscal year ending: _____

7. Date rental property was acquired in Whitehall? _____

8. Do you pay independent or sub-contractors for services performed in Whitehall? Yes _____ No _____
 If yes, you must attach a list to include name, address, and social security /federal employer identification number. **NOTE: At year-end you must furnish to the City copies of Forms 1099-MISC that you issue to them.**

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

Section 181.21 of our City law requires owners of real property, which is rented to others to report annually their tenants and list their addresses. If additional space is needed, please attach to this form.

Address	Tenant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Send the **Business net profit** tax return to:
Business Name: _____
Attention: _____
Address: _____
City/State/Zip: _____

10. Send **Employee withholding** tax report form to (if applicable):
Business Name: _____
Attention: _____
Address: _____
City/State/Zip: _____

11. 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