

PLEASE RETURN WITHIN TEN DAYS BY FACSIMILE OR BY US MAIL

Division of Taxation, Village of Whitehouse, P.O. Box 2476, Whitehouse OH 43571
Phone: (419) 877-5383 Fax: (419) 877-5635
Website: www.whitehouseoh.gov
Email: tbachman@whitehouseoh.gov

The information requested on this form is essential for completing our records and is held in strict confidence. Whitehouse Village income tax rates are 1 ½% for payroll withholding and net profit taxes.

Business name: _____

Trade name/DBA: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Contact Person: _____ Title: _____

Federal I.D. number: _____ Charter Number _____

Social Security number if filing a Federal Schedule C: _____

Fiscal year end: _____ Email address _____

Check classification of business: LLC or LLP _____ Sub S _____ Corporation _____

Partnership _____ Proprietorship _____ Other (describe) _____

List name and address of owners/officers:

Check the reason for the payroll: Work performed inside city limits _____ Courtesy for Whitehouse resident(s) _____; Will you have employees? YES _____ NO _____

Starting date of Whitehouse activities _____ If temporary, anticipated ending date _____

Type of work performed:

Will you have sub-contractors? _____ If yes, please provide a list of their names and addresses (attach pages as needed)

If business was outgrowth of another, please complete the following:

Name of former owner(s) _____

Trade name (if any) _____ ID# _____

Name, address & phone number of the person who prepares your tax forms:

Name, address & phone number of payroll service:

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Title: _____

Date: _____