

**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: \_\_\_\_\_