



CITY OF WEST CARROLLTON, OHIO

Income Tax Division
300 E. Central Ave.
West Carrollton, Ohio 45449
Telephone: (937) 859-8288 | Fax: (937)859-3366
Email: taxinfo@westcarrollton.org
www.westcarrollton.org

Business Registration

REASON FOR REGISTRATION

- COURTESY WITHHOLDING (for employee's resident municipality)
WORKPLACE WITHHOLDING (for employees working in West Carrollton)
NET PROFIT ACCOUNT (doing business in West Carrollton)

of Employees Working in West Carrollton: Start Date:
of Employees Residing in West Carrollton: Start Date:

TYPE OF BUSINESS

- Corporation Non-Profit
S-Corp Estate/Trust
LLC Sole proprietor/LLC
Partnership

Fiscal Year End:

Type of Product/Service:

COMPANY INFORMATION (Include physical address of work performed within West Carrollton.)

Name:
D/B/A:
West Carrollton Location:
Landlord Name/Address:

Federal ID #:
Federal ID #:
SSN:
(FID used for submitting withholdings)
(FID used for reporting net profit/loss)
(Required if sole proprietor)

Mailing Address: (for tax forms, if different from above.)

Contact Person
Telephone Number:

*Please note that your Federal ID will serve as your West Carrollton account number for withholding and net profit accounts.
(i.e. xx-xxxxxxxW for withholding and xx-xxxxxxxC for net profit accounts)

- Quarterly Withholding
Monthly Withholding (over \$200/mo.)
Semi-Monthly Withholding

Payroll Company:

ADDITIONAL INFORMATION (Required.)

Yes No This company replaces a company previously registered:

FID (Net Profit): FID (Withholding):

Yes No This company is a small employer. (under \$500,000 in gross revenue during previous year.)

Yes No This company is a contractor. (Attach list of subcontractors.) Contract Amount: \$

Yes No This company leases employees. (Name of leasing company):

Name/Address of Corporate Officers (Attach list):

If your payroll provider requires verification of your West Carrollton account number, fax them a copy of this form as verification that West Carrollton uses your FID as our account number.

(Print Name) (Title) (Phone Number) (E-Mail)

(Signature) I hereby verify that the above information is true and correct.