



CITY OF WEST CARROLLTON, OHIO
 Income Tax Division
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 West Carrollton, Ohio 45449
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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: _____

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

Contact Person _____

Telephone Number: _____

Federal ID #: _____
(FID used for submitting withholdings)

Federal ID #: _____
(FID used for reporting net profit/loss)

SSN: _____
(Required if sole proprietor)

***Please note that your Federal ID will serve as your West Carrollton account number for withholding and net profit accounts.**

(i.e. 10-xx-xxxxxxx for withholding and 40-xx-xxxxxxx 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.