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: _____

_____

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)

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