



City of Whitehall  
Income Tax Division  
Business Registration

TAX RATE:  
2.5%

The information requested on this form is essential to the establishment of your account and will be used for official purposes only.  
Please complete and sign this Questionnaire and return within 15 days. If you have any questions, contact the Income Tax Division at (614) 237-9803.

General Information:

1. Type of Organization: (Please check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> C-Corporation (1120)   | <input type="checkbox"/> LLC Filing as Partnership              | <input type="checkbox"/> Domestic Help     |
| <input type="checkbox"/> S- Corporation (1120S) | <input type="checkbox"/> LLC filing as Corporation              | <input type="checkbox"/> Non-Profit        |
| <input type="checkbox"/> Partnership (1065)     | <input type="checkbox"/> Sole Proprietor (Schedule C)           | <input type="checkbox"/> Courtesy Employer |
| <input type="checkbox"/> Trust (1041)           | <input type="checkbox"/> Single Member LLC (Disregarded Entity) |  |

Please identify owner/member:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Taxpayer federal Identification Number (EIN/FID)

FEDERAL ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NUMBER (Complete ONLY if a sole proprietor): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Business Name (Taxpayer's Legal Name)

Name (as shown on your income tax return) \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

4. Date Business started in Whitehall: \_\_\_\_\_ Date of 1<sup>st</sup> Payroll \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Number of Employees Working In Whitehall: \_\_\_\_\_

Ending Day of Fiscal Year If Other Than Calendar Year: \_\_\_\_\_

5. Please list all names, addresses, and telephone numbers of Corporate officers and/or partners: (attach list if necessary)

|     | Name  | Address | SSN | Telephone Number |
|-----|-------|---------|-----|------------------|
| (a) | _____ |         |     |                  |
| (b) | _____ |         |     |                  |
| (c) | _____ |         |     |                  |

6. Do you have a location within the City limits of Whitehall: ☐ Yes ☐ No

**\*\*\*CONSTRUCTION COMPANIES AND CONSULTING FIRMS\*\*\*** List all Whitehall area addresses where you have employees working. **Consulting firms** should include the addresses of client locations if the firm has employees physically working at client sites (indicate if address given is a client site). **Construction firms** should include job site addresses (indicate if address given is a job site).

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Employee Information:

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1. Please check all appropriate box(es):

- ☐ Employees are working within city limits of Whitehall – Withholding rate is 2.5%
- ☐ Employees live in Whitehall city limits and work in a non-taxing city – Withholding rate is 2.5%
- ☐ Employees live in city limits of Whitehall and work in another taxing city and you are going to courtesy withhold – full credit of actual tax withheld, limited to 2.5%
- ☐ **Remote only employee:** Employee remote address(es): \_\_\_\_\_
- \_\_\_\_\_
- ☐ No Employees
- ☐ Have leased employees (complete below)

\_\_\_\_\_ Payroll Service \_\_\_ Leasing Co  
Payroll Service or Employee Leasing Company (if any)

2. Please indicate deposit frequency (if you are using a withholding service, please advise them to withhold):

- ☐ Quarterly (under \$100.00/month) ☐ Monthly (over \$100.00/month) ☐ Semi Monthly (over \$1,000/month)

## Mailing Information:

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1. Send the **Business net profit** tax return to (not applicable for Courtesy ONLY Withholders):

Business Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

2. Send **Employee withholding** tax report form to:

Business Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

*Thank you for your cooperation, please do not hesitate to call if we can assist you in any way.*

**REMIT TO:**

City of Whitehall  
360 South Yearling Road, Whitehall, OH 43213 (614) 237-9803 or Fax (614) 237-7902