



BUSINESS / WITHHOLDING QUESTIONNAIRE

Income Tax Department

(PLEASE PRINT)

515 E Main St. Van Wert, OH 45891

If you will not be doing business within or with the City of Van Wert and you will be withholding Van Wert City Taxes for Van Wert residents as a courtesy withholding, please complete lines 1 through 6. If you will be doing business within or with the City of Van Wert, please complete this form in its entirety.

NOTE: If you will be withholding Van Wert City Income taxes from your employees, your withholding account with the City of Van Wert will be 10 (Quarterly) or 15 (Monthly) FID, e.g., if your Federal ID is 99-9999999, your withholding account with the City of Van Wert will be 1099-9999999 (Q) or 1599-9999999 (M).

1. Type of Business: _____

(If this organization derives income from real property, list address(es) on back of this form.)

2. Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Federal ID No: _____ - _____ Phone No: (____) _____ - _____ Fax No: (____) _____ - _____

Email address: _____ Website: _____

Is this address also the mailing address? Yes No If NO, enter your mailing address below:

Mailing Address: _____

City: _____ State: _____ ZIP: _____

3. Type of Organization: Sole Proprietor Corporation S-Corp Partnership LLC

4. Owner of Business: _____ SSN of Owner: _____ - _____ - _____

5. Accounting Period: Calendar Year Fiscal Year Fiscal Month ending _____

6. Are there now or will there be employees working in (or for) the City of Van Wert? Yes No

Are you required to remit the withholding tax: Quarterly or Monthly ? (Call if you are unsure, we can help)

How will payments be remitted? Payroll Company Ohio Business Gateway In House ...Need Forms? Yes No

Copies of employee W-2 forms and a completed W-3 reconciliation form must be submitted no later than February 28 of each year.

This Account is Courtesy Withholding ONLY? Yes No (If yes, stop here. If no, please continue below)

7. Date business began in the City of Van Wert: _____. Have you filed Van Wert city tax before? Yes No

8. If you are a contractor: _____, or a sub-contractor: _____, please advise:

(a) Names and addresses of party from who contracted, or subcontracted: _____

(b) Location of job: _____

(c) Probable length of job: From _____ To _____

(d) Are you or will you be subcontracting any of the work to someone else? Yes No

If yes, attach list showing names and addresses and nature of work of all subcontractors.

Copies of 1099s or a statement containing the same information must be submitted no later than February 28 of each year.

9. If you feel that are not liable for Van Wert City tax, give reason: _____

10. If this is a change of ownership, give name and address of former owner: _____

Date of change: _____

11. Give home address of owners(s), all partners, or principal corporate officers:

Name _____ Address _____

Signature _____ Title _____ Date ____/____/____