

BUSINESS REGISTRATION

VILLAGE OF WEST JEFFERSON

Income Tax Department
28 EAST MAIN STREET
WEST JEFFERSON OH 43162
Phone 614-879-9757 ~ Fax 614-879-5338
Email: rarnott@westjeffersonohio.gov

The information requested on this form is essential to the establishment of your account and will be held in strictest confidence. Please complete and return this form to the Village within 10 days by mail, email or fax. If you have any questions, please contact our office.

NET PROFIT

*Type of Organization (Please check one)

____ Corporation ____ S-Corp ____ Partnership ____ Non-Profit ____ Sole Proprietor ____ Other (Explain) _____

*Company Name _____ EIN# _____

*DBA _____

*Street Address _____ City _____ State _____ Zip Code _____

*Phone Number _____ Fax _____ Email _____

*NAICS Code _____ (1120 Schedule K line 2A; 1120S Box B; 1065 Box C) Type of Business _____

If a Limited Liability Company (LLC) will the Partnership or Partners file? _____

The Company will be filing a consolidated return as _____ EIN# _____

List Corporate Officers and /or Owners Name and Social Security Numbers: (Attach an additional list if necessary)

Name _____ SSN _____

Street Address _____ City _____ State _____ Zip _____

*LOCATION OF BUSINESS IN THE VILLAGE OF WEST JEFFERSON (Mandatory) Please call for verification of address if you are not sure of the physical location.

*Street Address _____ City _____ State _____ Zip _____

*Local Phone _____ Local Fax _____ Email _____

*Date Operations began in West Jefferson _____ Number of Employees _____

SOLE PROPRIETOR

If you are a Sole Proprietor and also do not have employees, please complete the following only. If you have employees complete the withholding portion of this form.

Name _____ SSN _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax _____ Email _____

WITHHOLDING

Complete the Items Above Marked with (*) for your Withholding Account Information

PLEASE CHECK APPROPRIATE LINE BELOW: EIN# _____ (WEST JEFFERSON ACCOUNT NUMBER)

____ Employees work within Village of West Jefferson limits – the withholding rate is 1.0%

____ Business performs no work in Village of West Jefferson – withholding taxes from West Jefferson residents as a **courtesy only**.

____ NO EMPLOYEES work in the Village of West Jefferson.

Are you using a payroll service? ____ Yes ____ No Name of Payroll Service _____

Payroll Service Contact Name _____ Contact Phone Number _____

PLEASE INDICATE THE REPORTING FREQUENCY OF WITHHOLDING: (amounts below are in withholdings dollars not wages)

____ Quarterly (under \$100.00/month) ____ Monthly (over \$100.00/month) ____ Semi-Monthly (over \$1000.00/month)

IF YOUR PAYROLL SERVICE REQUIRES VERIFICATION OF YOUR WEST JEFFERSON ACCOUNT NUMBER, FAX THEM A COPY OF THIS FORM TO VERIFY WEST JEFFERSON USES YOUR EIN AS OUR ACCOUNT NUMBER.

CONTACT PERSON FOR THIS ACCOUNT: _____ PHONE: _____

FORMS ARE AVAILABLE ON OUR WEBSITE: www.westjeffersonohio.gov (under Departments, then Tax Department). Please call for verification of address if you are not sure of the physical location.