

WITHHOLDING AND BUSINESS REGISTRATION



Income Tax Division
P O Box 1668
Stow, Ohio 44224
Phone: (330) 689-2849 Fax (330) 689-2847
www.stowohio.org

Company Name _____ Phone #: _____

DBA: _____ Fax #: _____

Local business or job-site address _____

Mailing Address _____
(if different from above)

Initial date of business in Stow _____

Nature of business _____ Number of employees in Stow _____

Federal Identification # _____ NAICS # _____

** THE FEDERAL ID # IS ALSO USED AS THE ACCOUNT # **

CHECK BUSINESS TYPE

Sole Proprietor _____ Corporation _____
Partnership _____ Non-Profit Corp _____
S-Corporation _____ Other _____
Estate or Trust _____

For Corporation, list full name, address, social security #'s and phone #'s of each Officer

- 1) _____
2) _____
3) _____

For Partnership Entities, list full names, addresses and social security #'s and phone #'s of each partner

- 1) _____
2) _____

For Sole Proprietor, list full name, address, social security # and phone #

Accounting period: Calendar Year _____ Fiscal Year _____ Month ending _____

Company's Accountant, address and phone # _____

PAYROLL INFORMATION

Will you be withholding employment taxes Yes _____ No _____
Will the withholding be more than \$200 per month Yes _____ No _____
Will you only be withholding as a courtesy for a Stow resident Yes _____ No _____
If courtesy withholding, please give Name, Address & SSN _____
Date withholding will begin _____
Do you presently use an outside payroll service Yes _____ No _____
If yes, please provide name of payroll service _____
Do you lease employees from an employment agency Yes _____ No _____

Full name, address and phone # of the person(s) or entity to whom your Stow location pays rents

ABOVE INFORMATION IS REQUIRED
ALL INFORMATION IS CONFIDENTIAL