



Date _____

City of Westerville Business Registration

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete, sign and return it to the City of Westerville Income Tax Division, PO Box 130, Westerville, OH 43086-0130 within 10 days. If you have any questions, please contact the Income Tax Division @ (614) 901-6420 Fax # (614) 901-6820

Type of Organization (Please check one)

- Corporation
 Partnership
 Non-Profit
 Limited Liability Co (LLC)
 Other (Please Explain)
- Single Member

Federal ID # _____ Social Security # _____
(If Sole Proprietor)

Business Name _____ dba _____

Address _____ City _____ State ____ Zip _____

Telephone # _____ Fax # _____

Type of Business _____

List Social Security Number and Name of Corporate Officers and/or Partners (addresses? if partnership)

Name _____ SSN _____

Address _____ City _____ State ____ Zip _____

Name _____ SSN _____

Address _____ City _____ State ____ Zip _____



Do you have a location within the City limits of Westerville Yes No

If yes, please give the address of Westerville Location, if not sure call (614) 901-6420 to verify

Address _____ City _____ State ____ Zip _____

Date operations will begin in Westerville? _____

Number of employees at Westerville Location? _____

Do you wish for your forms to be sent to another location Yes No

If YES please give the address

Address _____ City _____ State _____ Zip _____

Please check an appropriate box:

- Employee's work within city limits of Westerville - Withholding rate is 2.0%
- Employees live in Westerville city limits and work in a non-taxing city –Withholding rate is 2.0%
- Employees live in city limits of Westerville and work in another taxing city and you are going to courtesy withhold – full credit of actual tax withheld, limited to 2.0%
- No employees

IF A WITHHOLDING SERVICE IS BEING USED PLEASE PROVIDE NAME _____

Please indicate deposit frequency & if a withholding service is being used advise them to withhold

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

If you are other than a calendar year filer, indicate the month your fiscal year ends _____



Person to contact regarding this account _____

Date _____ Phone # _____

Please note: Westerville is not a pure zip code for taxing purposes. If you have any questions regarding what tax district you are in, please call and we will verify this information. Forms are now available on our web site @ www.westerville.org

No confirmation will be sent regarding the assignment of an account number. We use your federal ID#.

Thank you for your cooperation, please don't hesitate to call if we can assist you in any way.

