



City of Westerville Business Registration

Date _____

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 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 or by email at busreg@westerville.org.

Type of Organization

Corporation Partnership Non-Profit Trust Other (please explain) _____

LLC- Partnership LLC- Corporate LLC- Single Member- List Name and SSN _____

Business Information

Federal ID # _____ Type of Business _____

Business Name _____ dba _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____

List Social Security Number and Name(s) of Corporate Officer(s) or owner(s):

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Are you conducting activity or do you have a business location within the city limits of Westerville? Yes No

If yes, please give the Westerville address of activity or business 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? _____

(Over) (Rev 01/22)

Do you currently plan to use the Ohio Business Gateway to remit payments? Yes No

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

If yes, please provide address:

Address _____ City _____ State _____ Zip _____

Please check the appropriate box:

- Employee(s) work(s) within city limits of Westerville – Withholding rate is 2.0%.
- Employee(s) live(s)* in City of Westerville and work(s) in a non-taxing city-Withholding rate is 2.0 %.
- Employee(s) live(s)* in City of Westerville and work(s) in another taxing city and you are going to courtesy withhold – full credit of actual tax withheld, limited to 2.0%.
- Employee(s) live(s)* in City of Westerville and work(s) remotely from home -Withholding rate is 2.0%.

*Employee(s) home address _____

No employees.

SELECT TYPE OF PAYROLL In-house Payroll Service PEO Employee Leasing Company

NAME OF PAYROLL SERVICE, PEO, OR EMPLOYEE LEASING COMPANY _____

Please indicate deposit frequency. If a withholding service is being used advise them to withhold.

Quarterly (under \$200.00/month) Monthly (over \$200.00/month) Semi Monthly (over \$1,000.00/month)

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 website at www.westerville.org.

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

Person to contact regarding this account _____

Phone # _____ Email _____

Signature _____ Date _____