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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 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 incometax@westerville.org.

Type of Organi	ization						
☐ Corporation	☐ Partnership	□ Non-Profit	☐ Trust	☐ Other (please e	xplain)		
☐ LLC- Partnersh	nip LLC- Corpor	ate LLC- Sin	gle Member	- List Name and SSN	1		
Business Inform	nation						
Federal ID #			Гуре of Busi	ness			
Business Name _			dba				
Address			City	Sta	ate	_Zip	
Telephone #			Fax #				
List Social Securi	ty Number and Nam	ne(s) of Corporate	Officer(s) of	r owner(s):			
Name			SSN				
Address			City	Sta	te Zi	ip	
Name			SSN				
Address			City	Sta	te Zi	ip	
				in the city limits of V			
Address		City		State	Zip _		
Date operations w	vill begin in Westerv	ille?					
Number of emplo	vees at Westerville l	ocation?					

Do	o you currently plan to use the Ohio	Business Gateway to remit	payments?	□ Yes	□ No					
	o you wish for your forms to be sen yes, please provide address:	t to another location?	Yes [□ No						
Ac	ddress	City	\$	State	Zip					
Ple	lease check the appropriate box:									
	Employee(s) work(s) within city	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 %.									
□ – f	Employee(s) live(s)* in City of W full credit of actual tax withheld, lir	* *	other taxing	g city and you	are going to courtesy withhold					
	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.									
N Æ	ELECT TYPE OF PAYROLL AME OF PAYROLL SERVICE, lease indicate deposit frequency. If a Quarterly (under \$200.00/month	PEO, OR EMPLOYEE LI a withholding service is bein ☐ Monthly (over \$200.00/me	EASING Control on the	OMPANYse them to win Monthly (o	chhold. ver \$1,000.00/month)					
yo	lease note: Westerville is not a pure ou are in, please call and we will verwww.westerville.org.									
No	o confirmation will be sent regard	ling the assignment of an a	ccount nun	nber. We use	e your federal ID#.					
Pe	erson to contact regarding this accor	unt								
Ph	hone #	Email								
Sig	ignature		Date							