

Findlay Income Tax Department
Post Office Box 862 Findlay, Ohio 45839-0862

1. Individual's or business' legal name _____
2. Trade name or doing business as _____
3. Mailing address _____
Street/PO Box City ST Zip
4. Findlay-area street address _____
- If a contractor, project or job site name _____
5. Phone _____ Contact person _____
6. Soc. Sec. # _____ - _____ - _____ Fed. ID # _____ - _____
The Federal identification number under which W-2s will be reported
This number, preceded by a "W" will be your employer withholding account number
7. Business type: Corporation _____ S Corporation _____ Partnership _____ LP _____ LLC/LLP _____
Sole Proprietor or Individual Single-member LLC _____ Government/Non-profit _____
8. If not a calendar year, the fiscal period is: _____
9. If applicable, what is the name, owner, and Federal ID number of the previous business? _____

10. If you answered question 9, what is the effective date of the change? ____/____/____
11. Will employees work in the Findlay city limits; or will you be withholding tax only from employees who live in Findlay, but do not work in Findlay?
- Yes, employees will work in Findlay _____ or Employees live, but do not work in Findlay _____
No, employees will not work in Findlay _____ (Please list their names and SSNs on the back)
12. Date you will begin withholding ____/____/____ Date you will stop withholding ____/____/____ (if known)
Month Year Month Year
13. Approximately how much tax will you remit per year? \$ _____ If \$8,000 or more, we require a monthly remittance.
14. If you use a payroll service provider, what is the provider's name? _____
15. If applicable, will your payroll service provider be remitting monthly or quarterly? Monthly _____ Quarterly _____
16. If your physical address in Findlay is a new facility,
provide the name and address of the contractor. _____
17. If you are renting your Findlay facility, please
provide the name and address of the property owner. _____
18. What is the nature of your business' activities? _____
19. What is your IRS-required six-digit NAICS Principal Business Activity Code Number? _____

On the back, please list the names, residence addresses, and social security numbers of the corporate officers, partners, members, or S corporation shareholders.

Signature of person who furnished this information

Date