BUSINESS INCOME TAX

REGISTRATION FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VILLAGE OF MONROEVILLE**

21 N MAIN ST. ~ P.O. BOX 156

MONROEVILLE, OH. 44847

Phone: 419-465-4443 ~ Fax: 419-465-2259

[**www.MonroevilleOhio.com**](http://www.MonroevilleOhio.com)

Please complete this income tax questionnaire and return it to our office by the due date stated above. You may mail for fax your completed registration form to our office. Forms and additional information may be obtained by visiting our website. Please file your business income tax return at [www.RitaOhio.com](http://www.RitaOhio.com).

1. Type of Organization: \_\_\_\_\_Partnership \_\_\_\_\_Corporation \_\_\_\_\_S-Corporation \_\_\_\_\_ Nonprofit \_\_\_\_\_LLC

Which Federal Form Do You File: \_\_\_\_\_\_Form 120 \_\_\_\_\_Form 11205 \_\_\_\_\_Form 1065 \_\_\_\_\_Schedule C

1. Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Social Security # (If Self Employed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nature of Business or Trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Local Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mailing Address (If different from above address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Date activity started in Village of Monroeville \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Date activity terminated in Village of Monroeville \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Accounting period: Calendar Year \_\_\_\_\_\_\_\_\_\_ or Fiscal Year Ending \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

1. Do you have employees working in the Village of Monroeville? \_\_\_\_\_\_\_No \_\_\_\_\_\_\_Yes

If yes, when did your employee(s) start working in the Village of Monroeville \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

If no, will you have employees working in the Village of Monroeville in the future \_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_Yes

Date employees will begin working in the Village of Monroeville \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

1. Approximate number of employees subject to Village of Monroeville Income Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you withholding only as a courtesy to employees who reside in the Village of Monroeville? \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Yes

If yes, what date did you first start withholding Village of Monroeville tax? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

1. Are you using a payroll company? \_\_\_\_\_ No \_\_\_\_\_ Yes; If yes, please provide your payroll processor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you use Subcontractors? \_\_\_\_\_ No \_\_\_\_\_ Yes

Please note: All taxpayers who report payments to individuals (who are not employees) on Form 1099-Misc. for services performed shall also report payments to the Village when the services were performed in Monroeville or when the payments are made to a Monroeville resident.

1. Does your business include any rental activity? \_\_\_\_\_\_No \_\_\_\_\_\_Yes

If yes, please list property addresses and date acquired (on back or separate attachment).

1. If you are a Partnership, S-Corporation or other unincorporated joint venture, list names, addresses and social security or federal I.D. numbers of all partners, associates, or members in venture (attach additional sheets if necessary).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If there has been a change of ownership, please give name and address of former owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*YOU ARE REQUIRED TO PROVIDE A COPY OF YOUR STATE BUSINESS LICENSE WITH THE RETURN OF THIS FORM\*\*\***

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_