

**Mount Blanchard Village Income Tax**  
**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. Mount Blanchard-area street address \_\_\_\_\_  
If a contractor, project or job site name \_\_\_\_\_
5. Phone \_\_\_\_\_ Contact person \_\_\_\_\_
6. Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **-6** Fed. ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **-6**  
Please provide this number for any single-member LLC owned by an individual  
Please provide this number if the income and expenses will be reported on a Schedule C The Federal identification number under which W-2s will be reported  
**This number will be your employer withholding account number**
7. Business type: Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Sole Proprietor or Single-member LLC \_\_\_\_\_  
Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ LLC/LLP \_\_\_\_\_ 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 was the effective date of the change? \_\_\_\_/\_\_\_\_/\_\_\_\_
11. Will employees work in the Mount Blanchard limits; or will you be withholding tax only from employees who live in Mount Blanchard, but do not work in Mount Blanchard?  
Yes, employees will work in the village \_\_\_\_\_ or Employees live, but do not work in the village \_\_\_\_\_  
No, employees will not work in the village \_\_\_\_\_ (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. How much tax do you estimate you will withhold and remit to the Village? \$ \_\_\_\_\_ per year
14. Do you use a payroll service provider? Yes \_\_\_\_\_ No \_\_\_\_\_ Provider's name \_\_\_\_\_
15. If applicable, will your payroll service provider be remitting monthly or quarterly? Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_
16. If your physical address in Mount Blanchard is a new facility, provide the name and address of the contractor. \_\_\_\_\_
17. If you are renting your Mount Blanchard 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