

Mount Cory 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 Cory-area street address _____
If a contractor, project or job site name _____
5. Phone _____ Contact person _____
6. Soc. Sec. # _____ - _____ - **-3** Fed. ID # _____ - _____ - **-3**
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 Cory village limits; or will you be withholding tax only from employees who live in Mount Cory, but do not work in Mount Cory?
Yes, employees will work in Mount Cory _____ or Employees live, but do not work in Mount Cory _____
No, employees will not work in Mount Cory _____ (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 Cory is a new facility, provide the name and address of the contractor. _____
17. If you are renting your Mount Cory 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