

Fax form to 513-932-2493

Return to: **Lebanon City Tax Division**
50 South Broadway
Lebanon, OH 45036
(513) 932-3060

BUSINESS/WITHHOLDING QUESTIONNAIRE

Business/Employer Name: _____

Federal Identification No.: _____ Phone: () _____

Address where business is located: _____

Address for mailings: _____

TYPE: Corporation ___ Partnership ___ Sole Proprietor ___ Other, Explain _____

If Corporation ,Name of President: _____ Treasurer: _____

If Partnership ,Name all Partners & Addresses: _____

If Sole Proprietor, Name of Owner/Operator: _____

Home Address: _____ Soc. Sec #: _____

***Date work or operations commenced in Lebanon:** _____ **Fiscal Year End:** _____

Principal Business Activity: _____

How many employees **living** or working in Lebanon: _____

If withholding for convenience of employee(s), please give home address of employee(s):

(verify that these are inside Lebanon City Limits) _____

Is there any non-regular payroll, i.e., Sub-Contractors/Contract Employees/Board of Directors?
_____ If so, please list on reverse.

If a Lebanon-based business, will there be extensive use of temporary help agencies? _____ If so, please notify them to withhold Lebanon City Tax. Please list those agencies here _____

If this is a temporary account for a project in Lebanon, Name Project: _____

And project start date: _____

Does this business have rental income? _____ Location(s): _____

Type:(farm ,commercial ,residential) _____

Does this business rent or lease space or property situated inside Lebanon from someone else?

If so, please list on reverse name of landlord or property owner.

Name of Person providing above information: _____ Title: _____

FOR TAX USE ONLY:

Direct Acct. _____ Withholding _____ Withholding Only _____ Monthly/Quarterly _____

Account Numbers Assigned: _____ & _____

Send W-1's for Year(s): _____, Quarter(s): _____ Send Whdg. Excerpt: _____

Send Br: _____ IR: _____ W-3: _____