

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

BUSINESS INCOME TAX REGISTRATION FORM

Date: _____

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.

1. Type of Organization: Partnership Corporation S-Corporation Nonprofit LLC
Which Federal Form Do You File: Form 120 Form 11205 Form 1065 Schedule C
2. Business Name _____
Federal ID # _____ or Social Security # (If Self Employed) _____
3. Nature of Business or Trade _____ Telephone _____
4. Local Business Address _____
5. Mailing Address (If different from above address) _____
6. Email address _____
7. Date activity started in Village of Monroeville ____/____/____ Date activity terminated in Village of Monroeville ____/____/____
Accounting period: Calendar Year _____ or Fiscal Year Ending ____/____/____
8. 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 ____/____/____
9. Approximate number of employees subject to Village of Monroeville Income Tax: _____
10. 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? ____/____/____
11. Are you using a payroll company? No Yes; If yes, please provide your payroll processor: _____
12. 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.
13. Does your business include any rental activity? No Yes
If yes, please list property addresses and date acquired (on back or separate attachment).
14. 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).

15. 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: ____/____/____