



CITY of VAN WERT

515 EAST MAIN STREET • VAN WERT, OHIO 45891

"Vincit Amor Patriae"

INCOME TAX DEPARTMENT

The Love of Country Conquers

PHONE: 419-238-6020

FAX: 419-238-4920

FORM A - BUSINESS

The following information will aid us in preparing forms for your use in complying with the Van Wert Income Tax Ordinance. Please answer all questions fully and return the completed form to our office within ten (10) days from receipt. All information is confidential and will only be used for Income Tax purposes.

1. Please check: Resident _____ Non-Resident _____
Social Security # _____ Federal ID # _____

Name _____
Address _____ City, State, Zip Code _____

2. Please check the type of business:

A. Corporation _____ Individual _____ Partnership _____ Other _____

B. Accounting period: Calendar Year _____ Fiscal Year Ending _____

C. Nature of work or business in Van Wert _____

D. Date started in Van Wert _____

E. Is any part or all of your work sub-contracted? Yes _____ No _____
If yes, attach a list of sub-contractors and their addresses.

F. Do you now or will you later employ one or more persons to work in Van Wert, Ohio?
Yes _____ No _____ If yes, how many? _____

Approximate annual payroll? _____ If gross annual payroll is less than \$120,000, you may attach a request to remit withholding on a quarterly rather than a monthly basis.

G. Do you operate the business under a trade name? Yes _____ No _____
If yes, state name _____ Address _____

H. Name of Owner, Partners or Officers:
Name _____ Title _____ Address _____

3. Do you Own? _____ Rent? _____ or Lease? _____ your place of business?
If rent or lease, from whom? Name _____
Address _____ City, State, Zip Code _____

4. Does the business own rental properties? Yes _____ No _____
If yes, location _____

5. Please complete the following certification:
Name of Company _____
Address _____ City, State, Zip Code _____
Signature _____ Title _____
Date _____ Phone _____