

**Marion City Income Tax Department**  
**233 W. Center St. • Marion, OH 43302**  
**Phone: 740-387-6926 • Fax: 740-387-3433**

**Business Withholding Registration Form**

Please complete the entire questionnaire and return to the above address. All information is held in strict confidence. Attach a separate sheet, if sufficient space has not been provided.

Local Business Name: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Federal I.D. or Social Security Number: \_\_\_\_\_

Local Business Telephone Number: \_\_\_\_\_

Accounting period used for Federal tax purposes:     Fiscal Year Ending \_\_\_\_\_  
    Calendar Year

Do you conduct business within the City of Marion?     Yes     No  
 If yes, date operations began within Marion, Ohio \_\_\_\_\_

Type of Ownership:                 Corporation                         Non-Profit  
     Individual                                 Limited Liability Company  
     Partnership                                 Other (please specify) \_\_\_\_\_

Owner, Principal Partners, or Officers:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statutory Agent (Corporations only):

Name	Address
_____	_____

Does the business rent or lease real property located within the City of Marion?     Yes     No  
 If yes, from whom (include name & address)? \_\_\_\_\_

Do you now employ one or more persons?     Yes     No  
 If yes, date of hire of first employee \_\_\_\_\_

Do you expect to have employees?     Yes     No  
 If yes, expected date of first hire \_\_\_\_\_

----- For Income Tax Office Use Only -----

Date Received: \_\_\_\_\_

Received By (initials): \_\_\_\_\_

Account # Assigned: \_\_\_\_\_

Payroll Periods: \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Will you be utilizing:	Contract Labor	Yes / No	Part-time Employees	Yes / No
(Circle Yes or No)	"Spot" Labor	Yes / No	Commissioned Sales Brokers	Yes / No
	Minors	Yes / No		

Owner, Principal Partner, or Corporate Parent's name and permanent or home address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address to which tax forms are to be mailed:

Annual Returns: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Withholding: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalties of perjury, I declare that I have examined this statement of information and any attachments. To the best of my knowledge and belief, it is true, correct and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Corporate Officer, Partner, or Owner)

Date \_\_\_\_\_