**VILLAGE OF BYESVILLE**

Income Tax Department

221 East Main Street

Byesville, Ohio 43723

Phone (740)-685-0800 Ext. 4

Fax (740) 685-8633

Dear Taxpayer:

As a business operating within the corporation limits of Byesville, you are obligated to comply with the Village of Byesville Income Tax Ordinance. Under this ordinance, you are required to do the following:

1. Withhold taxes at a rate of 1% on the total gross wages of all employees that work and/or reside in the corporation limits of Byesville.
2. File a Village of Byesville income tax return on the net profit/loss derived in Byesville and pay taxes of 1% on any net profit. This return and payment of any taxes is due April 15th of each year, or 120 days from the end of a fiscal year.
3. Complete and return the business questionnaire within ten days.

Failure to comply with the above is in violation of Village of Byesville Ordinance.

Your prompt attention to this matter is requested and appreciated. Should you have questions concerning your filing requirements, please contact this department.

Respectfully,

The Village of Byesville

Income Tax Department

**VILLAGE OF BYESVILLE** Income Tax Department 221 East Main Street,Byesville, Ohio 43723

Phone (740)-685-0800 Ext. 4 Fax (740) 685-8633 Email hjsmith@byesvilleoh.gov

**BUSINESS REGISTRATION FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID #\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PO Box # \_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO INSURE ACCURATE RECORDS, PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR TAXABLE STATUS IN THE VILLAGE OF BYESVILLE. PLEASE COMPLETE AND RETURN WITHIN 10 DAYS. YOUR COOPERATION IS APPRECIATED.

Local/Trade Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address in Byesville \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS THIS A COURTESY WIHHOLDING FOR RESIDENT EMPLOYEES ONLY?** (If so, list employee(s) name, address and social security number on a separate paper and return with this form.)

Do you employ any persons working within the Village of Byesville? If yes, the number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accounting period used for Income Tax purposes** (Check one)

\_\_\_\_\_Calendar year ending December 31 \_\_\_\_\_Fiscal Year ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of ownership (**Check which applies) \_\_\_\_\_Individual Proprietorship \_\_\_\_\_Corporation

\_\_\_\_\_Partnership \_\_\_\_\_Non-Profit \_\_\_\_\_Association \_\_\_\_\_LLC

\_\_\_\_\_Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If partnership, association, or other unincorporated joint business venture, please indicate how the net profit Byesville Income Tax return will be filed and paid. (Select one option)

\_\_\_\_\_ In full by the business or \_\_\_\_\_Separately by the individual members on proportionate shares. List names and address of partners on the back of this form.

* If individual proprietorship, indicate name, address and social security number of the owner. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If corporation, please indicate name, address and social security number of CEO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With reference to real estate properties located **WITHIN the Village of Byesville**, does the business occupy, as tenant, real property in Byesville rented to others? \_\_\_\_\_ If so, to whom is rent paid? (Give names and addresses.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I ATTEST THE ABOVE INFORMATION HERBY SUBMITTED IS TRUE AND CORRECT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Phone Number Ext.

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Printed name and title

**TAX OFFICE USE ONLY**

**ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**