

Village of Byesville Income Tax Department
PO Box 8
Byesville, OH 43723
Phone: 740/685-0800 Ext: 3 Fax: 740/685-8633

Withholding Information

Federal ID#: _____

Legal name of Business: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different) _____

Check Business Type

_____ Sole Proprietorship _____ Partnership _____ S-Corp _____ LLC

_____ Corporation _____ Governmental

_____ Non-Profit (please provide proper documentation)

_____ Other _____

How many people do you employ? _____ How many are residents of Byesville? _____

Please include a list of names and addresses for all Byesville employees.

Name of person responsible for filing forms:

Name: _____ Title: _____

Phone #: _____ Email: _____

I understand that I am required to file an annual return for business conducted within the Village of Byesville and if the business is withholding taxes for employees, I will be required to make monthly/quarterly payments against that withholding liability. I understand I am also required to provide an annual reconciliation report to the Village of Byesville Income Tax Department.

Signature

Date

Office Use Only

Account # _____

Date _____