

# VILLAGE OF ROSEVILLE

Income Tax Bureau  
107 N. Main Street  
Roseville, Ohio 43777

Phone: (740) 697-7782      Email: [incometax@rosevilleoh.com](mailto:incometax@rosevilleoh.com)

Fax: (740) 697-0064

## Registration for New Business and/or Withholding Accounts

For the purpose of our records, regarding Roseville Income Tax, please complete and return this questionnaire by fax or mail using the information above. All information provided is strictly confidential and will be used for income tax purposes only.

1. Business name & address: \_\_\_\_\_  
(where forms will be mailed) Attn: \_\_\_\_\_  
\_\_\_\_\_
2. Person to Contact: \_\_\_\_\_
3. Phone number: (     ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_
4. FAX number:   (     ) \_\_\_\_\_ - \_\_\_\_\_
5. Federal ID number:   \_\_\_ - \_\_\_\_\_
6. Effective date for account(s) (date withholding began, business opened, etc.):  
    \_\_\_ / \_\_\_ / \_\_\_
7. The above address is:            main office                               branch office
8. Nature of business: \_\_\_\_\_
9. Accounting period used for Federal Income Tax purposes:  
     Calendar year ending December 31                               Fiscal year ending: \_\_\_ / \_\_\_
10. Check which type of ownership you have (complete this form for EACH owner):  
     Sole Proprietorship     Partnership  
     Non-profit Organization     LLC  
     Corporation     Other: \_\_\_\_\_
11. Check the type of account(s) you are applying for:  
     Withholding (working inside Roseville - also need Business Net-Profit account)  
     Courtesy Withholding (withholding for an employee that is a resident of Roseville)  
     Business Net-Profit                               Individual     Landlord
12. For withholding or courtesy withholding accounts ONLY - Choose filing frequency:  
(If no box is checked below, your account will automatically be set up as quarterly.)  
     Quarterly     Monthly
13. For withholding or courtesy withholding accounts ONLY - Payroll service:  
(If you do not use an outside payroll agency, skip this question.)  
Name of payroll agency: \_\_\_\_\_  
(If you would like us to mail your forms to your payroll agency, please attach mailing address.)

I affirm that the above information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of authorized company officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title