



DEPARTMENT OF TAXATION AND REVENUE
Beth A. Christian, Tax Administrator
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PLEASE COMPLETE THIS WITHHOLDING QUESTIONNAIRE IF YOU HAVE ONE OR MORE EMPLOYEES:

FIRM NAME _____

FIRM ADDRESS _____

TELEPHONE NUMBER _____

FEDERAL I.D. AND/OR SOCIAL SECURITY NUMBER _____

NATURE OF YOUR BUSINESS _____

JOB SITE IN BELLEFONTAINE _____
(Give complete address)

ESTIMATED NUMBER OF EMPLOYEES SUBJECT TO BELLEFONTAINE CITY TAX _____

ESTIMATED DOLLAR AMOUNT OF PAYROLL PER MONTH (Subject to Bellefontaine City Tax)
\$ _____ (Bellefontaine tax rate is 1.333%)

DATE WITHHOLDING STARTED _____

DO YOU HAVE A PAYROLL SERVICE: YES _____ NO _____ IF YES, GIVE NAME AND ADDRESS:

FROM THE INFORMATION ON THIS FORM WE WILL DETERMINE WHETHER YOUR WITHHOLDING ACCOUNT WILL BE SET UP MONTHLY OR QUARTERLY. PLEASE RETURN THIS FORM WITHIN TEN (10) DAYS. THANK YOU.

SIGNATURE _____

TITLE _____

DATE SIGNED _____