



DEPARTMENT OF TAXATION AND REVENUE
135 North Detroit Street Bellefontaine, Ohio 43311-1462
Telephone 937/593-8362 FAX 937/593-8372

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 _____



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REFUND REQUEST

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CITY INCOME TAX

Name of Applicant _____

Present Address _____

Telephone Number _____ Social Security Number _____

Amount of refund requested _____ **NO REFUND UNDER \$5.00 WILL BE GRANTED**

For the year _____ **(EACH YEAR MUST BE FILED SEPARATELY)**

Reason for refund request _____

Date of birth _____ Year of High School graduation _____

SIGNATURE _____ DATE _____

ALL WAGES EARNED WHILE ENROLLED IN HIGH SCHOOL ARE TAX EXEMPT. A PARTIAL REFUND MAY BE DUE THE YEAR OF GRADUATION IF WAGES WERE EARNED WHILE ATTENDING HIGH SCHOOL. ANY WAGES EARNED AFTER GRADUATION ARE FULLY TAXABLE.

YOU MUST FURNISH PROOF OF AGE TO OBTAIN A REFUND. A COPY OF A BIRTH CERTIFICATE, DRIVER'S LICENSE OR STUDENT ID ARE ALL ACCEPTABLE PROOF.

**COPIES OF ALL W-2'S MUST ALSO BE ATTACHED TO THIS FORM
A REFUND WILL NOT BE GRANTED WITHOUT PROPER DOCUMENTATION.**



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The City of Bellefontaine has **MANDATORY REGISTRATION AND TAX FILING** for all City residents eighteen (18) years of age and older. A tax return **MUST** be filed, regardless of the type of income, or that your employer withholds any City tax. Please complete and return this confidential questionnaire within **TEN (10) DAYS** so that we may establish your current tax status. THANK YOU!

NAME _____ SS# _____ Birthdate _____

SPOUSE NAME _____ SS# _____ Birthdate _____

Present address _____ From _____ To _____

Previous address _____ From _____ To _____

If you rent or lease, name and address of landlord or owner _____

Employer name and address _____ Occupation _____

Spouse employer name and address _____ Occupation _____

Does employer withhold City tax? Yes _____ No _____ What City? _____

Spouse employer withhold City tax? Yes _____ No _____ What City? _____

Do you have rental properties? Yes _____ No _____ Please list all addresses on back of form.

Do you have farm income? Yes _____ No _____ Please list all addresses on back of form.

Do you have disability income? Yes _____ No _____ If yes, date started _____

Source of disability income _____

Do you have any other miscellaneous income? Yes _____ No _____ Source _____

Please use the back of this form to list all persons over the age of eighteen (18) who live in your household. We must also have their Social Security numbers, date of birth and place of employment.

Your Signature _____ Date _____

Spouse Signature _____ Telephone number _____



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PLEASE COMPLETE AND RETURN THIS CONFIDENTIAL CORPORATE OR BUSINESS QUESTIONNAIRE WITHIN TEN (10) DAYS FOR THE PURPOSE OF ESTABLISHING YOUR CURRENT TAX STATUS. THANK YOU.

LOCAL TRADE NAME _____

LOCAL ADDRESS _____

IF BRANCH, GIVE NAME & ADDRESS OF MAIN COMPANY OFFICE _____

TYPE OF OWNERSHIP: Individual owner _____ Corporation** _____ Partnership _____ Association _____
(LIST ALL OWNERS, PARTNERS, AND/OR OFFICERS' NAMES, ADDRESSES AND SOCIAL SECURITY NUMBERS ON THE BACK OF THIS FORM.) **ALSO, NAME & ADDRESS OF STATUTORY AGENT.**

NATURE OF BUSINESS _____

LOCATION OF BUSINESS OR JOB IN CITY _____

DATE STARTED IN BELLEFONTAINE _____ EMPLOYEES ON JOB? YES _____ NO _____

ESTIMATED DOLLAR AMOUNT OF BELLEFONTAINE PAYROLL PER MONTH _____

Number of employees in Bellefontaine _____ Do you expect employees in the future _____

If yes, give approximate date _____

DO YOU HAVE SUB-CONTRACTORS? YES _____ NO _____ (List names and complete addresses on the back.)

IF YOU RENT OR LEASE IN BELLEFONTAINE, GIVE NAME AND ADDRESS OF LANDLORD OR OWNER:

Accounting period: Calendar year basis _____ Fiscal year ending _____
NAME & ADDRESS OF ACCOUNTING FIRM OR INDIVIDUAL WHO PREPARES YOUR CITY INCOME TAX FORMS.

NAME & ADDRESS TO BE USED ON ALL CITY INCOME TAX RETURNS: _____

SIGNATURE _____ TITLE _____

DATE SIGNED _____ FEDERAL ID OR SS# _____

TELEPHONE # _____

BELLEFONTAINE CITY TAX RATE IS 1.333%