

Fax (513) 425-1828

APPLICATION FOR WITHHOLDING AND/OR BUSINESS ACCOUNT

Federal ID ___ - _____ and/or SSN ___ - ___ - _____
(if sole proprietor)

Sole proprietor Corporation S-Corp Partnership LLC Disregarded entity

Company name _____

Company mailing address _____

City _____ State _____ Zip _____

Contact name: _____ Phone _____

Owner/Officer name: _____

IRS Business Activity Code or NAICS Code _____

Nature of business _____

Date work began in Middletown _____

Fax _____

Payroll service (if used) _____

We estimate our quarterly withholding amount to be \$ _____

OR

We have no withholdings, but we do issue 1099s

OR

We have no employees or subcontractors

All companies who conduct business or who have employees working in the City of Middletown are required to file an annual return. If you issue W2s, check the boxes that apply:

We have employees working in Middletown

We have employees living in Middletown

If you lease your employees, please provide name, address and FEIN of leasing company: _____

Please list the name and address of all Middletown facilities:

