

**Withholding and Business registration
Wooster Income Tax Department
PO Box 1088 Wooster, OH 44691
330-263-5226 (phone) 330-263-5262 (fax)
www.woosteroh.com**

Company Name: _____ **Phone#:** _____

Local business or job-site address: _____

Federal ID: _____

1. Nature of business conducted (NAICS # if available) _____
2. Fiscal year end _____
3. Type of ownership _____ sole proprietorship _____ corporation/ S corp
_____ partnership _____ Non-profit/Other
4. Initial date of business in Wooster _____
5. Did you recently or do you expect to have employees working in Wooster? _____
6. Do you wish to set up a courtesy withholding account for employees who are
Wooster residents but do not perform work within the City of Wooster? _____
7. Do you use an outside payroll company? _____ If so, name of payroll service?

8. If you have answered "yes" to questions 5 or 6 , please complete the following:

Send withholding report tax forms to the following address:

Name: _____
Attn: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

For partnerships and sole proprietors, please complete the following information:
Name, address and social security # of partners or sole proprietor:

- A) _____
B) _____
C) _____

Send income tax returns to (if same as withholding forms, write "SAME")

Name: _____
Attn: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Please list any independent contractors used to perform services within the City of
Wooster. Also, if you rent property, please give the owner's name and address. (Attach
additional sheet if necessary).

Information is true and correct (signature) _____