

Village of Bolivar, Ohio

Income Tax Department

Return form to:

**Village of Bolivar
Income Tax Department**

PO Box 204

Bolivar, OH 44612

(330) 874-3717

Fax: (330) 874-3713

Email: taxadministrator@villageofbolivar.com

The information contained on this form is necessary to open any city tax accounts needed by your company. A response is required within five (5) days. Village of Bolivar income tax rates are 1.0% for payroll withholding and net profit. All information is confidential.

Name and address of business: _____

Check classification of business: LLC or LLP _____ Sub S _____
Corporation _____ Partnership _____ Proprietorship _____

List name and address of owners: _____

Federal I.D. number: _____ If proprietor, also list S.S. number : _____

Type of work performed: _____

Will you have sub-contractors: _____ If yes, please provide a list of their names and addresses: _____

Date operation started in Bolivar: _____ Phone: _____

Address of Bolivar business location: _____

Date business year ends: _____ Are there now or will there be employees subject to Bolivar income tax? _____ If so, please show payroll starting date: _____

Check reason for payroll: Work performed inside city limits _____

Address of where work is being performed _____

Courtesy for Bolivar residents _____

Please provide a list of employees and their addresses to verify they are inside the corporation.

Trade name: _____

Is this business an outgrowth of another? _____

If yes, please provide the names of the business & owners: _____

Name and address to mail tax forms if different from the address shown on this letter: _____

Name, address & phone number of person who prepares your tax forms: _____

I certify the above to be true and correct to the best of my knowledge.

Signed _____

Title _____

Date _____