Village of Hartville

Income Tax Department BUSINESS REGISTRATION FORM

To enable the Village of Hartville Income Tax Department to establish accurate records, please answer all questions and return by mail, fax or email.

| ACCT# | |
|--|--|
| Business Name: | |
| Business Address: | |
| Date Business Started in Hartville: | Phone #: |
| Tax ID/S.S. #: | Contact Name |
| Accounting period: Calendar Year | Contact Phone |
| Fiscal Year Ending | Contact Email |
| Please check one: annual year-end filing forms are send pre-printed annual year-end | |
| Employee Withholding is submitted: Monthly Please check one:pre-printed withholding forms a | · —— |
| | orms to: |
| Check here: If this is withholding for a Ha | rtville resident working from home. FTHybrid |
| If Hybrid, how many days in l | Hartville per week |
| Employee Name: | Contact phone or email |
| Address: | |
| | te of one percent (1%) on all earned income, including net profits o-contractors, or others who have one or more employees are and submit this amount to the Village of Hartville. |
| The information hereby submitted is true and correct | |
| Signed | Date |
| | |