Village of Hartville

202 W Maple St PO
Box 760
Hartville, OH 44632
Phone 330-877-9222 Fax 330-877-9778
aphillips@hartvilleoh.com

Income Tax Department Business Registration

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	e: Phone #:
Tax ID/S.S. #:	Accounting period: Calendar Year Fiscal Year Ending
Please check one: annual year-en send pre-print	nd filing forms are not necessary ed annual year-end filing forms to:
	EMPLOYEE WITHHOLDING (if applicable)
Employee Withholding is submitted:	Monthly Quarterly Number of Employees:
Please check one:pre-printed wit	hholding forms are not necessary, use in-house software system
	Payroll Company - Name:
send pre-printe	ed withholding forms to:
Check here: If this is withhol If Hybrid, how many days in Har	ding for a Hartville resident working from home. FTHybrid tville per week
	Contact phone or email
The Village of Hartville imposes an inco attributable to Hartville. All employers,	me tax at the rate of one percent (1%) on all earned income, including net profits contractors, sub-contractors, or others who have one or more employees are required vages and submit this amount to the Village of Hartville.
The information hereby submitted is true and cor	rect
Signed	Date