

VILLAGE OF GREENWICH, STATE OF OHIO

Income Tax Department

45 Main Street

Greenwich, OH 44837

Phone: (419) 752-2441 -- Fax: (419) 752-1903

www.villageofgreenwich.com



This form must be filed with the Village of Greenwich Income Tax Department

Starting Date: ____/____/____

Name of Business: _____

Address: _____

If above is a branch office; give address of main office: _____

Fax Number: ____/____/____

Nature of Business: _____

Accounting Period: _____

Calendar Year: _____

Fiscal Year Ending: _____

Do you presently employ one or more persons? _____

If yes, do you withhold on a quarterly or monthly basis? _____

If no, do you expect to have employees in the future? _____

Type of Ownership (check one): Corporation ____, Partnership ____, Individual Proprietorship ____, Non-Profit ____.

If partnership, association or other unincorporated joint business venture, indicate how the Village of Greenwich Income Tax Return will be filled and paid: In Full by the business _____ or separately by individual's _____ (give complete name(s), address(es) and social security number(s) on the reverse side of the form).

Send Net Profit returns to:

Send Withholding forms to:

Does your business rent from others Yes _____ or No _____. If yes, please indicate complete name and address of the Property Owner: _____

Federal ID #/Social Security # _____ Name and address of statutory agent (This must be completed) _____

List complete names, addresses, and phone numbers of all sub-contractors and estimate of time spent working in the Village of Greenwich on the reverse side.

Signature _____

Title _____

Date: ____/____/____

Phone Number: (____) ____ - _____