

VILLAGE OF MT. GILEAD, OHIO

BUSINESS REGISTRATION

For the purpose of our records, in regards to Mt. Gilead Income Tax, please complete the following:

Trade Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Nature of Business _____

Federal ID# or Social Security # _____

Accounting Period used for Federal Income Tax:

_____ Calendar year end 12/31 Fiscal Year End _____

Will you have employees actually working within the Corporation limits of Mt. Gilead? _____
(If answer yes, you are required to withhold 1% of gross wages for Mt. Gilead from employees 18 years of age or older.)

Date you started this Mt. Gilead Project _____ Completion date of project _____

Please list all subcontractors and addresses on the back

Address to which tax forms are to be mailed:

Send Withholding Tax Info to:

Send Business Net Profit Tax Info to:

Name _____

Name _____

c/o _____

c/o _____

Address _____

Address _____

If you have any questions concerning Village of Mt. Gilead Income Tax, please contact this office located at 72 W. High St., Mt. Gilead, Oh 43338, or phone 419-946-4861.