

Village of New Lexington

Income Tax Bureau
215 South Main Street
New Lexington, Ohio 43764

Phone: (740) 342-4660

E-mail: tax@newlexingtonohio.gov

FAX: (740) 342-0405

Registration for New Business and/or Withholding Accounts

For the purpose of our records, regarding New Lexington Income Tax, please complete and return this questionnaire by fax or mail using the information above. All information provided is strictly confidential and will be used for income tax purposes only in compliance with New Lexington Codified Ordinance 181.

1. Business name & address: _____
(where forms will be mailed) Attn: _____

2. Person to Contact: _____
3. Phone number: () _____ - _____ ext. _____
4. FAX number: () _____ - _____
5. Federal ID number: _____ - _____
6. Effective date for account(s) (date withholding began, business opened, etc.):
_____/_____/_____
7. The above address is main office branch office
8. Nature of business: _____
9. Accounting period used for Federal Income Tax purposes:
 Calendar year ending December 31 Fiscal year ending: ____/____
10. Check which type of ownership you have (complete this form for EACH owner):
 Sole Proprietorship Partnership
 Non-profit Organization LLC
 Corporation Other: _____
11. Check the type of account(s) you are applying for:
 Withholding (working inside New Lexington—also need Business Net-Profit account)
 Courtesy Withholding (withholding for an employee that is a resident of New Lexington)
 Business Net-Profit Individual Landlord
12. For withholding or courtesy withholding accounts ONLY- Choose filing frequency:
(If no box is checked below, your account will automatically be set up as quarterly.)
 Quarterly Monthly
13. For withholding or courtesy withholding accounts ONLY- Payroll service:
(If you do not use an outside payroll agency, skip this question.)
Name of payroll agency: _____
(If you would like us to mail your forms to your payroll agency, please attach mailing address.)

I affirm that the above information is true and correct to the best of my knowledge:

Signature of authorized company officer

Date

Name (printed)

Title