The information requested hereon is essential to the completion of our records. This request is authorized by Village Ordinance. All information will be held in strict confidence.

Federal ID \# (Soc. Sec. \# if Individual Prop.): $\qquad$

Business Address:
Business Name....
Address Line-1.....
Address Line-2.....
City, St, ZipCode..
Phone No. $\qquad$

Mailing Address: (if different than business address)
Business Name....
Address Line-1.....
Address Line-2....
City, St, ZipCode..
Pandora Office Address: (if different than business

| Business Name.... |
| :--- |
| address) |
| Address Line-1..... |
| Address Line-2..... |
| City, St, ZipCode.. |
| Phone No............ |

1. Nature of Business:

NOTE: If you are a contractor \& will have sub-contractors working for you, please list their names \& addresses on page 2.
2. Type of Business Organization (Check One): $\square$ Corporation Indicate type below:

$\square$ Corporation $\quad$| $\square$ |  |
| :--- | :--- |
|  | $\square$ |

C-Corporation
Sub Chapter S Corporation
$\square$ Partnership Lis
$\square$ Sole-Proprietorship
$\square$ Limited Liability Company Indicate your filing status below:
$\square$ C-Corporation
$\square$ Sub Chapter S Corporation
$\square$ Partnership
Sole-Proprietorship
$\square$ Other Explain:
NOTE: If more space is needed, please use page 2
3. Date Business or Work started in Pandora (or for courtesy withholding, the date withholding began):
4. Location of work in Pandora: - If this is a "Courtesy Withholding" \& no work was actually performed in Pandora, check here: - Otherwise, specify the location of work in Pandora:

NOTE: (Job site, Description of job, etc.) If more space is needed, please use page 2
5. Are there now or will there be employees subject to Pandora, Ohio Income Tax?: $\square$ Yes $\square$ No

If Yes: Approximate number of employees subject to withholding: Withholding will be remitted:

Monthly
$\square$ Quarterly
Will you be using remittance forms provided by our office? $\square$ Yes, Please download forms from our website at: www.villageofpandora.com
NOTE: Qualifying for the "Under 20 Day" rule for withholding does not exempt you
from filing a Village of Pandora Income Tax Return, only a withholding return.
6. Indicate your accounting year: $\square$ Calendar Year
$\square$ Fiscal Year Fiscal year-end:
7. Has additional information been entered on page 2 of this form? $\square$ Yes $\square$ No

I hereby certify that the information and statements contained herein are true and correct.
Submit this form to:
Signature: $\qquad$ Date: $\qquad$ Pandora Income Tax Department P.O. Box 193 Pandora, OH 45877-0193
Title: $\qquad$

