

Village of Hicksville Income Tax
Business Questionnaire

Return To: Village of Hicksville - 111S Main St - Hicksville OH 43526
Phone #: 419-542-8621 Fax #: 419-542-2018 (You may fax this form)

Date Prepared : ____/____/____

Name of Business and Address:

Trade Name (If Different) _____

Phone # _____ Fax # _____

e-mail address: _____

Name of Owners, Partners or Officers:

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Business: Corporation _____ Partnership _____
(Check appropriate box) Individual _____ Other _____

Federal ID# ____ - _____ **or Soc. Sec #** ____/____/____

Accounting Period: Calendar Year ____ or Fiscal Year ending ____/____/____

Do you have a location in Hicksville? _____

(If YES List Address:)

Type of work performed in Hicksville and Location:

Estimated/actual Hicksville start date: ____/____/____

Estimated completion date (if applicable) ____/____/____

Do/Did/or will you have employees working in Hicksville? _____

How many? _____

Do/Did you use Subcontractors in Hicksville? _____

(If YES attach a list with their names and addresses.)

(Signed) _____ /_____/_____
(Date)

Visit our web site www.villageofhicksville.com or e-mail us at: hixtax@defnet.com

**VILLAGE OF HICKSVILLE
INCOME TAX DEPARTMENT
111 SOUTH MAIN ST
HICKSVILLE, OH 43526
PHONE (419) 542-8621 FAX (419) 542-2018
OFFICE HOURS Mon.- Fri. 8:00AM to 5:00PM**

APPLICATION FOR WITHHOLDING ACCOUNT

Please return to the address indicated above (form may be faxed)

Company Name _____

DBA: _____

Address _____ Mailing Address: _____
(if different) _____

Federal ID #: _____ (This will be your Account Number)

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

The Company will pay the Village of Hicksville Income Tax instead of withholding it from our employees: ___ Yes ___ No

Payroll Contact Person: _____

Payroll Company Name & Address:

Tax Rate is 1% of Medicare Wages and may be remitted Monthly or Quarterly

Withholding for:
Employees working in Hicksville _____ (Courtesy) Employees living in Hicksville _____

Date Withholding will start ____/____/____

Will Remit: _____ Monthly _____ Quarterly

Person Preparing Application: _____

Phone # (_____) _____ - _____

E-Mail Address: _____

Signed: _____ Date: ____/____/____

Visit our web site at: www.villageofhicksville.com e-mail: hixtax@defnet.com