

**Village of Sherwood Income Tax
Business Questionnaire**

Return To: Village of Hicksville – 111 S 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 Sherwood? _____
(If YES List Address:)

Type of work performed in Sherwood and Location:

Estimated/actual Sherwood start date: ____ / ____ / ____

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

Do/Did/or will you have employees working in Sherwood? _____
How many? _____

Do/Did you use Subcontractors in Sherwood? _____
(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 SHERWOOD
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 Sherwood 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, payments need to be made out to Village of Hicksville.

Withholding for:

Employees working in Sherwood _____

Courtesy Employees living in Sherwood _____

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