



Income Tax Department
3814 Harrison Ave
Cincinnati, OH 45211
Phone: (513) 661-7854
Fax: (513) 661-0702
https://cheviot.org/tax-office/

APPLICATION FOR BUSINESS/WITHHOLDING ACCOUNT NUMBER

ACCOUNT NUMBER ASSIGNED \_\_\_\_\_

WHO SHOULD WE REPORT THIS TO: \_\_\_\_\_

NAME

EMAIL ADDRESS

FEDERAL ID # \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

DATE TAXABLE INCOME BEGAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

FISCAL YEAR ENDING DATE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

BUSINESS ENTITY TYPE: [ ] CORPORATION [ ] PARTNERSHIP [ ] PROPRIETORSHIP

NATURE OF BUSINESS: \_\_\_\_\_

NAME AND TITLE OF PERSON RESPONSIBLE FOR TAX AFFAIRS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS FOR TAX INFORMATION (if different than physical address):

\_\_\_\_\_

NAME AND ADDRESS OF FORMER OWNER (if representing a change in ownership):

\_\_\_\_\_

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PLEASE ENSURE THAT THIS IS FOR ALL EMPLOYEES WHO LIVE AND/OR WORK IN THE CITY OF CHEVIOT.