

CITY OF NEW CARLISLE
DIVISION OF TAXATION
P O BOX 419
NEW CARLISLE OH 45344-0419
(937) 845-9492 FAX (937) 845-2338

BUSINESS WITHHOLDING ACCOUNT REGISTRATION

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

BILLING ADDRESS _____

TELEPHONE # _____

CONTACT PERSON _____

FEDERAL ID # _____

PREFER TO REMIT MONTHLY _____ QUARTERLY _____

DOES COMPANY CONDUCT BUSINESS/PERFORM SERVICES WITHIN THE CITY LIMITS OF
NEW CARLISLE? YES _____ NO _____

EMPLOYEES BEING WITHHELD

NAME ADDRESS SOCIAL SECURITY #

AUTHORIZED SIGNATURE

DATE

PLEASE RETURN COMPLETED FORM WITHIN FIVE (5) DAYS