

**GEORGETOWN INCOME TAX BUREAU**

**VILLAGE OF GEORGETOWN**

**P.O. BOX 116**

**PHONE: (937) 378-6395**

**GEORGETOWN, OH 45121**

**FAX: (937) 378-4505**

**BUSINESS AND PROFESSIONAL APPLICATION**

Application For:  Withholding Account Only  Net Profit Account Only  Both Accounts

Name of Business: \_\_\_\_\_

Business Owners(s) Names(s): \_\_\_\_\_

FID/Social Security Number: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_ P. O. Box \_\_\_\_\_

\_\_\_\_\_

Home Office Mailing Address \_\_\_\_\_ P. O. Box \_\_\_\_\_  
(If different)

\_\_\_\_\_

Trade Name (DBA) (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Date Began Operations or Withholding in /for Georgetown: \_\_\_\_\_

Type of Ownership:  CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  SUB. S CORP.

LTD LIABILITY  NON-PROFIT  GOVERNMENT AGENCY  OTHER: \_\_\_\_\_

Method of Filing Withholding Taxes:  Monthly  Quarterly

Will a payroll company be filing the company's withholding taxes?  Yes  No

If Yes, what is the name of the company? \_\_\_\_\_

Accounting Period:  Calendar Year or Fiscal Year Ending: \_\_\_\_\_

Do You Use Subcontractors:  Yes  No If Yes, list the name, address, FID/SSN # on a separate sheet  
If your business is located inside Georgetown and you do not own the property please give the name and  
address of the landlord: \_\_\_\_\_

.....  
I certify that the information is accurate and complete to the best of my knowledge. Any false or misleading  
information is punishable under the penalties provision of the Georgetown Income Tax Ordinance.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_