VILLAGE OF CONVOY INCOME TAX DIVISION

P.O. Box 310 Phone: (419)749-2266

123 South Main Street

Convoy, Ohio 45832 Fax: (419)749-4091

APPLICATION FOR WITHHOLDING ACCOUNT

NAME OF COMPANY:
ADDRESS:
MAILING ADDRESS (if different):
CITY / STATE / ZIP:
PHONE NUMBER:
FEDERAL ID NUMBER:
CONTACT PERSON FOR PAYROLL:
NAME & ADDRESS, IF ANOTHER COMPANY PREPARES PAYROLL:
NUMBER OF EMPLOYEES WITHHOLDING FROM:
DATE WITHHOLDING WILL START:
THE TAX RATE IS 1% AND MAY BE REMITTED MONTHLY OR QUARTERLY.
I WILL REMIT: MONTHLY QUARTERLY
NAME OF PERSON PREPARING APPLICATION:
PHONE NUMBER WHERE THEY MAY BE REACHED:
MAIL THE COMPLETED FORM TO:
VILLAGE OF CONVOY TAX DEPARTMENT P.O. BOX 310 CONVOY, OHIO 45832-0310
OFFICE USE ONLY:
ACCOUNT NUMBER ASSIGNED:
DATE INPUTED:
$\mathbf{p}\mathbf{v}\cdot$