CITY OF MT. HEALTHY
INCOME TAX BUREAU
7700 PERRY STREET
MT. HEALTHY, OHIO 45231

SUSAN LAW
TAX COMMISSIONER
(513) 728-3181
FAX (513) 728-3189

WITHHOLDING ACCOUNT QUESTIONNAIRE
(PLEASE COMPLETE AND RETURN WITHIN 10 DAYS)

1. NAME OF BUSINESS: _____

2. SOCIAL SECURITY # OR FEDERAL ID #: _____

3. BUSINESS ADDRESS: _____

4. TELEPHONE #: FAX #: _____

5. PLEASE CHECK APPROPRIATE DESCRIPTION:

A) ___ WITHHOLDING FOR WORK PERFORMED IN CITY OF MT. HEALTHY

1. PLEASE GIVE JOB LOCATION ADDRESS: _____

2. APPROXIMATE TIME ON JOB SITE: _____

3. NATURE OF BUSINESS: _____

B) ___ WITHHOLDING FOR EMPLOYEE (S) WHO IS RESIDENT OF MT. HEALTHY

_____ 1.5% _____ OTHER

6. NUMBER OF EMPLOYEES: _____

7. CONTACT PERSON: _____ TITLE: _____

8. DATE TO BEGIN WITHHOLDING: _____

_____ _____ _____
SIGNATURE **TITLE** **DATE**