VILLAGE OF HEBRON BUSINESS REGISTRATION

VILLAGE OF HEBRON
934 WEST MAIN STREET
HEBRON, OHIO 43025
TELEPHONE: 740/928-3641 FAX: 740/928-5104
TAX RATE: 1.5%
EMAIL: mindy.kester@hebronvillage.org

The information requested on this form is essential to the establishment of your account. Please complete and return it to the Village of Hebron Tax Department, 934 W. Main Street, Hebron OH 43025 within 10 days. If you have any questions please contact our office at 740-928-3641. If you would prefer to fax the form do so at 740-928-5104.

COMPANY NAME: _____EIN: _____

DBA: _____

LOCATION OF BUSINESS IN THE VILLAGE OF HEBRON: _____
_____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:_____
_____

FORM OF BUSINESS: __ SOLE PROPRIETOR __ PARTNERSHIP __CORPORATION __S-CORP __OTHER_____

NUMBER OF EMPLOYEES WORKING AT THIS SITE: _____

DATE SERVICE/WITHHOLDING WILL BEGIN IN VILLAGE: _____

IS YOUR COMPANY PERFORMING WORK WITHIN THE VILLAGE **OR** ARE YOU ESTABLISHING A COURTESY WITHHOLDING FOR AN EMPLOYEE? (CHOOSE ONE)_____

IF YOU ARE WITHHOLDING AS A COURTESY FOR AN EMPLOYEE, PLEASE LIST THE NAME AND ADDRESS OF THE HEBRON RESIDENT THAT YOU ARE WITHHOLDING FOR: _____
_____

PLEASE INDICATE THE FREQUENCY OF WITHHOLDING:
_____ QUARTERLY (under $200.00/month)
_____ MONTHLY (over $200.00/month)
_____ SEMI-MONTHLY (over $1000.00/month)

IF YOUR PAYROLL PROVIDER REQUIRES VERIFICATION OF YOU HEBRON ACCOUNT NUMBER, FAX THEM A COPY OF THIS FORM TO VERIFY HEBRON USES YOUR EIN AS OUR ACCOUNT NUMBER.

CONTACT PERSON: _____ PHONE #: _____

EMAIL ADDRESS: _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, TO THE BEST OF OUR KNOWLEDGE.

_____ _____ _____
SIGNATURE TITLE DATE