THE VILLAGE OF
WALBRIDGE

705 N. Main St., Walbridge, OH 43465
Phone: 419-666-1830 Ext. 2
Email: taxcommissioner@walbridgeohio.org

BUSINESS QUESTIONNAIRE

Name of Business		Federal EIN	
Address		SS#	
Address		Accounting End Year Date	
City, State		Telephone	
Zip Code		Email:	
Main Contact		Fax:	

Type of Business Organization

Corporation*	☐	S-Corp*	☐	Partnership*	☐	Sole Proprietorship Requires SS#	☐

*Please complete the list of Shareholders on the Second Page of this Registration

What type of tax will be filed?

Net Profit	☐	Withholding	☐	Monthly **	☐	Quarterly	☐

**Monthly payments must be made if the annual amount of withholdings will be more than $2399 for the entire tax year.

Is this a Courtesy Withholding? Yes ☐ No ☐

How many employees are living in Walbridge? _____

Section 181 of the Codified Ordinances of the Village of Walbridge imposes a tax at the rate of one and one-half (1.50%) on:
A. All salaries, wages, commissions and other compensation earned within the corporate boundaries of the Village. Each employer within or doing business within the Village, who employs one or more people on a salary, wage, commission, or other compensation basis, shall at the time of payment thereof deduct the tax and remit in accordance with regulations defined in the ordinance, to the Commissioner of Taxation.
B. The portion of net profits attributable to the Village of Walbridge of a business, profession, enterprise or other activity.

Nature of the Business _____ Start Date in Walbridge _____

Physical Mailing Address outside of Walbridge:

Address 1	
Address 2	
City, State Zip	

I certify the above to be true and correct:

_____ _____ _____
Authorized Representative Title Date

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List of Officers and Shareholders for Corporation, S-Corp, or Partnerships

Shareholder #1

Name	
Address	
City, State Zip	
Social Security Number	

Shareholder #2

Name	
Address	
City, State Zip	
Social Security Number	

Shareholder #3

Name	
Address	
City, State Zip	
Social Security Number	

Shareholder #4

Name	
Address	
City, State Zip	
Social Security Number	