



MUNICIPALITY OF NEW LEBANON

198 South Clayton Road
New Lebanon, Ohio 45345-9636
(937) 687-1341 - Main Office
(937) 687-3700 - Economic Development Office
(937) 687-1213 Fax

BUSINESS/WITHHOLDING QUESTIONNAIRE

If you will not be doing business within or with The Village of New Lebanon and you will be withholding New Lebanon Taxes for residents as a courtesy withholding, please complete lines 1 through 6. If you will be doing business within or with New Lebanon, please complete this form in its entirety.

1. Type of Business _____
2. Business Name _____
Address _____
City _____ State _____ Zip _____
Federal ID No: _____ - _____ Phone No: _____ Fax No: _____
Email address _____
Is this address also the mailing address? Yes ___ No ___ if NO, enter your mailing address below:
Mailing Address _____
City _____ State _____ Zip _____
3. Type of Organization: Sole Proprietor ___ Corporation ___ S-Corp ___ Partnership ___ LLC ___
4. Owner of Business _____ SSN of Owner _____ - _____ - _____
5. Accounting Period: Calender Year ___ Fiscal Year ___ Fiscal Month ending _____
6. Are there now or will there be employees working in (or for) Village of New Lebanon ? Yes ___ No ___
Do you wish to remit the withholding tax quarterly _____ or monthly _____ ?
Copies of employee W-2 forms and a completed W3 reconciliation form must be submitted no later than February 28 of each year.
7. Date business began within or for the Village of New Lebanon: _____
Have you ever filed Village of New Lebanon tax before? Yes ___ No ___
8. If you are a contractor ____, or a sub-contractor ____, please advise:
(a.) Names and addresses of party from who contracted or subcontracted _____

(b.) Location of job _____
(c.) Probable length of job: From _____ To _____
(d.) Are you or will you be subcontracting any of the work to some else? Yes ___ No ___ If yes, attach list showing names and addresses and nature of work of all subcontractors. *Copies of 1099's or a statement containing the same information must be submitted no later that February 28 of each year.*
9. If this is change of ownership, give name and address of former owner: _____

Date of change: _____
10. Give home address of owner(s), all partners or principal corporate officers:
Name _____ Address _____

For office Use Only

Acct Status _____ Source _____

Signature _____

Title _____ Date _____

QUESTIONS? Call 937-687-1341, fax 937-687-1213 or email kpinkerton@newlebanonoh.com