

WITHHOLDING & BUSINESS REGISTRATION

City of Rittman Income Tax Department
30 N. Main St., Rittman, OH 44270
Phone: (330) 925-2057 Fax: (330) 925-2066
www.rittman.com

Company Name: _____
DBA: _____
Company Address: _____
Phone #: _____ Fax #: _____
Federal ID #: _____
Contact Person: _____
Rittman Location: _____
(If different from Company Address) _____

1. Nature of business conducted: _____
2. Fiscal year end: _____
3. Type of ownership: _____ sole proprietorship _____ corporation/S corp
_____ partnership _____ non-profit/other
4. Date business activity began in Rittman: _____
5. Will you have employees subject to Rittman Withholding Tax? _____
6. Date withholding activity began in Rittman: _____
7. Will your withholding payments exceed \$100.00 per month? _____
8. Do you need to set-up a courtesy withholding account? _____
9. Name of outside payroll company that you use (if applicable) _____

Send withholding tax forms to the following address:

Name: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip Code: _____

For partnerships and sole proprietors, please complete the following information:

Name, address and social security number of partners or sole proprietor:

- A) _____
- B) _____
- C) _____

Above Information is true and correct _____ Date _____