



**VILLAGE OF WESTFIELD
CENTER INCOME TAX DIVISION
BUSINESS REGISTRATION**

Complete this form and send to:
Village of Westfield Center
6701 Greenwich Road PO Box 750
Westfield Center, Oh 44251
Phone 330-887-5151, Fax 330-887-5601
Website: www.villageofwestfieldcenter.com

COMPANY NAME: _____
DBA: _____
STREET ADDRESS: _____
CITY/STATE/ZIPCODE: _____
PHONE NO: _____ **FAX NO:** _____
VILLAGE INCOME TAX ACCOUNT NO: _____ **FED. ID NO:** _____
CONTACT PERSON: _____ **Email Address:** _____

TYPE OF BUSINESS ENTITY (Check the box that applies to your business):

- CORPORATION S-CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP
 LLC SINGLE MEMBER LLC JOINT VENTURE TRUST
 VOLUNTARY WITHHOLDER NON-PROFIT OTHER _____

NATURE OF BUSINESS: _____ **FISCAL YEAR END** (Specify) *(Jan through Dec):* _____

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN WESTFIELD CENTER? YES NO

DATE BUSINESS ACTIVITY BEGAN IN WESTFIELD CENTER: _____

WILL YOU HAVE EMPLOYEES SUBJECT TO 1% WESTFIELD CENTER WITHHOLDING TAX? YES NO

DATE WITHHOLDING ACTIVITY BEGAN IN WESTFIELD CENTER: _____

WILL YOUR WITHHOLDING PAYMENTS EXCEED \$200.00 PER MONTH? YES NO

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): _____

PAYROLL COMPANY CONTACT AND PHONE NUMBER: _____

CORPORATION:

NAME RESIDENTIAL ADDRESS

PRESIDENT: _____

TREASURER: _____

PARTNERSHIPS (attach additional sheets if necessary):

PARTNER'S NAME RESIDENTIAL ADDRESS

SOLE PROPRIETORSHIP (including Single Member LLC):

OWNER'S NAME RESIDENTIAL ADDRESS

_____:

