

FORM B – BUSINESS
PHONE: (419) 678-2685
HOURS: 8:00 – 5:00 Mon-Thurs
8:00 – 4:00 Friday

VILLAGE OF COLDWATER
INCOME TAX DEPARTMENT
610 WEST SYCAMORE STREET
COLDWATER, OH 45828

Date _____

Return This Form By _____

1. Please Check: Resident _____ Non-Resident _____ Phone # _____ Fax # _____
Name _____
Address _____
Street City State Zip Code

2. Please check the type of business:
A. Corporation _____ S-Corporation _____ Partnership _____ Sole Proprietor _____ Trust _____
Non Profit/Government _____ Limited Partnership _____ Other (Please Explain) _____
LLC filing as Corporation/S-Corp _____ Partnership _____ Single Member _____

Federal ID # (Net Profit) _____ Federal ID # (Withholding) _____

Social Security Number if a sole proprietor _____

B. Nature of work or business in Coldwater _____

C. Date business started in Coldwater _____

D. Is any part or all of your work sub-contracted? Yes _____ No _____ If yes, see the back side of this form.
Copies of 1099's issued must be submitted to this office on or before February 28 each year.

E. Did you recently, do you now, or will you employ one or more persons to work in Coldwater?
Yes _____ No _____ If yes, how many _____ If yes, withholding remittance will be due quarterly unless
notified otherwise. W-2 forms must be submitted on or before February 28th after the end of the tax year.

F. Do you operate the business under a trade name? Yes _____ No _____
If yes, state Name _____ Address _____

G. Do you wish for your forms to be sent to another location? Yes No If yes, give address
Business Returns _____ Payroll Returns _____

H. Are you currently using a payroll processing company? Yes No If yes, give company name, contact person
and phone number _____

I. List Social Security Number and name and address of Corporate Officers and/or Partners:
Name and Title Address Social Security #

If additional space is needed, please send an attachment.

J. Accounting period: Calendar year? _____ or Fiscal Year Ending? _____ indicate month

3. Do you own? _____ rent? _____ lease? _____ your place of business?
If you rent or lease, from whom? Name _____
Address _____

4. Does the business own rental properties? Yes _____ No _____ Location _____

5. Your Company's business contact(s), title and phone number regarding these accounts:
Business Tax Return and Correspondence Payroll Tax Returns and Correspondence

6. Please complete the following certification: Name of Company _____
Address _____
Signature _____ Phone _____ SS# _____