

VILLAGE OF FAIRFAX
5903 Hawthorne Avenue
Fairfax, Ohio 45227

Clerk-Treasurer:
Barbara Blankemeyer



Fairfax Tax Department
Telephone No.: 513-527-6506
Fax No.: 513-561-5748
www.fairfaxoh.org

Tax Clerk:
Ann Willis
awillis@fairfaxoh.org

"Working Together to Build a Better Community"

Sent: July 27, 2017

Business Income Tax Registration

—Please Complete and Return Within Ten (10) Days—

Firm Name: _____

DBA: _____

Local Street Address of Business: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Nature of Business: _____

Have you previously had an Income Tax account with the Village of Fairfax, Ohio?

Yes _____ No _____

If Yes, please indicate the account number (SSN or EIN): _____

Date you started business within our city ____/____/____

Date you first had employees within our city ____/____/____

Approximate monthly payroll amount \$ _____

If you are using a payroll service, indicate which one _____

If you would like your tax returns mailed to an accounting firm or payroll service, please indicate below.

Name: _____ Phone: _____

Address: _____

Account Type: (Check all types applicable to you or your business)

_____ C Corporation or S Corporation (please circle one):

Federal ID No.: _____ Fiscal Year End: _____

President: _____ Vice President: _____

Address of Home Office: _____

Subsidiary Of: _____

_____ Partnership: Federal ID No.: _____ Fiscal Year End: _____

Name: _____ SSN: _____ Address: _____

Name: _____ SSN: _____ Address: _____

Name: _____ SSN: _____ Address: _____

If more than three (3) partners, please attach list.

_____ Sole Proprietorship: Federal ID No. or Social Security No.: _____

Name of Owner: _____

Home Address: _____

Phone: _____

_____ Withholding employment tax only

_____ Withholding residence tax only

_____ Withholding both employment and residence tax