

City of New Lexington

Income Tax Bureau
125 South Main Street
New Lexington, Ohio 43764

Phone: (740) 342-4660

E-mail: nltax@rrohio.com

FAX: (740) 342-0405

Request for Taxpayer Information for New Accounts

For the purpose of our records, regarding New Lexington Income Tax, please complete and return this questionnaire by fax or in the self-addressed envelope enclosed herewith. All information provided is strictly confidential and will be used for income tax purposes only in compliance with New Lexington Ordinance No. 77-9, Section 10.

1. Business name & address: _____
(where forms will be mailed) Attn: _____

2. Person to Contact: _____
3. Phone number: () _____ - _____ ext. _____
4. FAX number: () _____ - _____
5. Federal ID number: _____ - _____
6. Effective date for account(s) (date withholding began, business opened, etc.):
_____/_____/_____
7. The above address is main office branch office
8. Nature of business: _____
9. Accounting period used for Federal Income Tax purposes:
 Calendar year ending December 31
 Fiscal year ending: ____/____/_____
10. Check which type of ownership you have:
 Sole Proprietorship
 Partnership
 Corporation
 Non-profit Organization
 LLC
 Other: _____
11. Check the type of account(s) you are applying for:
 Withholding
 Courtesy Withholding
 Business Net-Profit
 Individual
 Landlord
12. For withholding or courtesy withholding accounts ONLY- Do you want to file returns:
(If no box is checked below, your account will automatically be set up as quarterly.)
 Quarterly
 Other frequency _____

I affirm that the above information is true and correct to the best of my knowledge:

Signature of authorized company officer

Date

Name (printed)

Title