



Founded 1790

# City of Gallipolis

## INCOME TAX DEPARTMENT

P O BOX 339  
GALLIPOLIS, OHIO 45631

Telephone (740) 441-6009 ext 721  
Facsimile (740) 441-2062

### *Withholding Questionnaire*

For the purpose of establishing and/or updating our records with regard to Gallipolis Income Tax Withholding, please complete and promptly return this questionnaire. Be sure to type or print plainly and answer all questions.

Gallipolis name and address used for business purposes:

\_\_\_\_\_  
\_\_\_\_\_

If above is a branch office, give name and address of main office:

\_\_\_\_\_  
\_\_\_\_\_

Date the business first employed individuals in Gallipolis: \_\_\_\_\_

Type of ownership:  Proprietorship  Partnership  Association  Corporation  Not-for-Profit

If your Withholding is MORE than \$ 200.00 per month, check here \_\_\_\_\_ Monthly Withholding only  
If your Withholding is LESS than \$ 200.00 per month check here \_\_\_\_\_ Quarterly Withholding only

Please list below where to send the employer withholding forms:

Business Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Federal ID# : \_\_\_\_\_

I do hereby certify that to the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CHECK HERE FOR COURTESY WITHHOLDING \_\_\_\_\_ NAME & ADDRESS OF EMPLOYEE

\_\_\_\_\_