



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