

VILLAGE OF CONVOY
INCOME TAX DIVISION

P.O. Box 310
Phone: (419)749-2266

123 South Main Street

Convoy, Ohio 45832
Fax: (419)749-4091

APPLICATION FOR WITHHOLDING ACCOUNT

NAME OF COMPANY: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY / STATE / ZIP: _____

PHONE NUMBER: _____

FEDERAL ID NUMBER: _____

CONTACT PERSON FOR PAYROLL: _____

NAME & ADDRESS, IF ANOTHER COMPANY PREPARES PAYROLL:

NUMBER OF EMPLOYEES WITHHOLDING FROM: _____

DATE WITHHOLDING WILL START: _____

THE TAX RATE IS 1% AND MAY BE REMITTED MONTHLY OR QUARTERLY.

I WILL REMIT: ___ MONTHLY ___ QUARTERLY

NAME OF PERSON PREPARING APPLICATION: _____

PHONE NUMBER WHERE THEY MAY BE REACHED: _____

MAIL THE COMPLETED FORM TO:

VILLAGE OF CONVOY
TAX DEPARTMENT
P.O. BOX 310
CONVOY, OHIO 45832-0310

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OFFICE USE ONLY:

ACCOUNT NUMBER ASSIGNED: _____

DATE INPUTED: _____

BY: _____