

VILLAGE OF CALDWELL

Income Tax Department
215 West Street
Caldwell, Ohio 43724
Phone (740)-732-2053
Fax (740) 732-5081

Dear Taxpayer:

As a business operating within the corporation limits of Caldwell, you are obligated to comply with the Village of Caldwell Income Tax Ordinance beginning tax year 2018. Under this ordinance, you are required to do the following:

1. Withhold taxes at a rate of 1% on the total gross wages of all employees that work and/or reside in the corporation limits of Caldwell.
2. File a Village of Caldwell income tax return on the net profit/loss derived in Caldwell and pay taxes of 1% on any net profit. This return and payment of any taxes is due April 15th of each year, or 120 days from the end of a fiscal year.
3. Complete and return the business questionnaire within ten days.

Failure to comply with the above is in violation of Village of Caldwell Ordinance 2016-11.

Your prompt attention to this matter is requested and appreciated. Should you have questions concerning your filing requirements, please contact this department.

Respectfully,

The Village of Caldwell
Income Tax Department

VILLAGE OF CALDWELL Income Tax Department 215 West Street, Caldwell, Ohio 43724

Phone (740)-732-2053 Fax (740) 732-5081

BUSINESS REGISTRATION FORM

Name _____ Federal ID # _____

Street Address _____ PO Box # _____

City, State, Zip _____

TO INSURE ACCURATE RECORDS, PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR TAXABLE STATUS IN THE VILLAGE OF CALDWELL. PLEASE COMPLETE AND RETURN WITHIN 10 DAYS. YOUR COOPERATION IS APPRECIATED.

Local/Trade Name

Physical address in Caldwell _____

IS THIS A COURTESY WITHHOLDING FOR RESIDENT EMPLOYEES ONLY? (If so, list employee(s) name, address and social security number on a separate paper and return with this form.)

Do you employ any persons working within the Village of Caldwell? If yes, the number _____

Accounting period used for Income Tax purposes (Check one)

Calendar year ending December 31 Fiscal Year ending _____

Type of ownership (Check which applies) Individual Proprietorship Corporation

Partnership Non-Profit Association LLC

Other (explain) _____

- If partnership, association, or other unincorporated joint business venture, please indicate how the net profit Caldwell Income Tax return will be filed and paid. (Select one option)
 In full by the business or Separately by the individual members on proportionate shares. List names and address of partners on the back of this form.
- If individual proprietorship, indicate name, address and social security number of the owner.
- If corporation, please indicate name, address and social security number of CEO.

With reference to real estate properties located **WITHIN** the Village of Caldwell, does the business occupy, as tenant, real property in Caldwell rented to others? _____ If so, to whom is rent paid? (Give names and addresses.) _____

I ATTEST THE ABOVE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

Signature _____ Date _____ Phone Number _____ Ext. _____

Printed name and title _____

TAX OFFICE USE ONLY

ACCOUNT NUMBER _____ **DATE RECEIVED** _____