

FORM B - BUSINESS
PHONE: (419) 678-2685
HOURS: 8:00 - 5:00
MONDAY THRU FRIDAY

VILLAGE OF COLDWATER
INCOME TAX DEPARTMENT
610 WEST SYCAMORE STREET
COLDWATER, OHIO 45828

Date _____

Return This Form By _____

1. Please Check: Resident _____ Non-Resident _____ Federal I.D. No. _____
Name _____
Address _____

2. Please check the type of business:

A. Corporation _____ Individual _____ Partnership _____ Other (specify _____)

B. Nature of work or business in Coldwater _____

C. Date started in Coldwater _____

D. Is any part or all of your work sub-contracted? Yes _____ No _____ If yes, see the back side of this form. Copies of 1099's issued must be submitted to this office within 3 1/2 months after the end of the tax year.

E. Do you now, or will you later employ one or more persons to work in Coldwater?
Yes _____ No _____ If yes, how many _____ If yes, withholding remittance will be due quarterly. Forms will be sent to you. W-2 Forms must be submitted within one month after the end of the tax year.

F. Do you operate the business under a trade name? Yes _____ No _____
If yes, state name _____ Address _____

G. Name of owner, partners or officers:
Name and Title Address S.S. #

H. Accounting period: calendar year? _____ or fiscal year ending? _____

3. Do you own? _____ rent? _____ lease? _____ your place of business?
If you rent or lease, from whom? Name _____
Address _____

4. Does the business own rental properties? Yes _____ No _____
Location _____

5. Please complete the following certification:
Name of company _____
Address _____
Signature _____ Phone _____ S.S. # _____