



EMPLOYER WITHHOLDING ACCOUNT REGISTRATION FORM

Name of Business _____ FID/SS# _____

Mailing Address _____ City, State, Zip _____

Contact Person _____ Phone# _____

Email Address _____

Nature of your business: _____

Beginning in tax year 2016, monthly remittance is required if the prior year annual total withholding for Montgomery exceeded \$2399 OR Montgomery withholding for any month of the prior quarter exceeded \$200. If the threshold is met, state law mandates monthly remittance.

Starting date of business activity in Montgomery or pay period: _____ # Employees _____ Monthly Payroll Amount \$ _____

Are you withholding for resident employee's convenience only? Yes ___ No ___ Employee's Address _____

Do you use a payroll company to submit withholding payments? Yes _____ No _____ Name of company _____

Non-resident Business (Contractors, Vendors, etc.) temporarily conducting business in Montgomery: → Date Job Started _____

Address of job site: _____

Attach complete listing of all subcontractors, with addresses and phone numbers

I certify that to the best of my knowledge, the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature

Title

Date

Form may be faxed to 513-891-2994 or emailed to cabner@ci.montgomery.oh.us

City of Montgomery
10101 Montgomery Road
Montgomery, OH 45242

Phone 513-891-2424
www.montgomeryohio.org