



City of Cheviot, Ohio

City Hall

OFFICE OF
THE TAX COMMISSIONER

3814 HARRISON AVENUE
CHEVIOT, OHIO 45211-4726
(513) 661-7854
FAX (513) 661-0702

APPLICATION FOR ACCOUNT NUMBER-BUSINESS & WITHHOLDING

NUMBER ASSIGNED _____ BY _____ DATE _____

FEDERAL ID# _____

NAME _____ PHONE NO. _____

ADDRESS _____ DATE TAXABLE ACTIVITIES BEGAN _____

CITY _____ FISCAL YR ENDING DATE _____

STATE _____ ZIP _____ NUMBER OF EMPLOYEES _____

TYPE OF TAXPAYER (INDICATE)

_____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP

1. NATURE OF BUSINESS _____

2. NAME AND TITLE OF PERSON RESPONSIBLE FOR TAX AFFAIRS:

3. IF THIS REPRESENTS A CHANGE OF OWNERSHIP, COMPLETE THIS SECTION.

GIVE FORMER NAME OF BUSINESS _____

GIVE FORMER ADDRESS _____

GIVE PREVIOUS OWNER'S NAME _____

ADDRESS _____

4. IF CORRESPONDENCE AND TAX FORMS SHOULD BE SENT TO ADDRESS OTHER THAN THAT LISTED AS MAILING ADDRESS FOR COMPANY, PLEASE INDICATE NAME AND ADDRESS IN THE FOLLOWING SPACE.

5. OTHER PERTINENT INFORMATION: _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO OUR OFFICE WITHIN TEN WORKING DAYS.