TAX WITHHOLDING ACCOUNT APPLICATION

St. Bernard Tax Department 110 Washington Avenue St. Bernard, OH 45217

Comj	mpany Name FED ID	
<mark>*****</mark>	**The Federal Id. Number you provide will be your St. Bernard accoun	t number*****
Doing	ing Business as Phone	
1.	. Name of Owner(s):	
2.	<i>O.</i> 1 <i>y</i>	
3.	. Business Address:	
4.	St. Bernard Address (if located in the Village):	
	a. Is local address Home or Branch?	
5.	. Location of Work/Sales/Service if located in St. Bernard (if different	nt from line 4):
6	Does the employee work in St. Bernard? Yes No	
7.		er city?
8.	. If you use a Payroll Processor or a PEO, please list name and addre	ss:
9.	. Quarterly, Monthly, or Semi-Monthly payment	<u>;</u>
10.	0. Start date of withholding:	
Shou	Date: Signature/Title: ould you have any questions, you may contact the St. Bernard Tax i 3) 242-7710 between the hours of 9:00 am and 5:00 pm weekdays.	 Department at
	Email: tax@citvofstbernard.org	

Email: tax@cityofstbernard.org Website: www.cityofstbernard.org