



## 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@montgomeryohio.org](mailto:cabner@montgomeryohio.org)

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**Montgomery, OH 45242**

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