



Income Tax Bureau  
 141 East Broadway \* PO Box 514  
 Granville, OH 43023-0514  
 (740) 587-2764

## BUSINESS QUESTIONNAIRE / WITHHOLDING APPLICATION

The Village of Granville has an income tax at the rate of one and one-half percent (1.5%). This tax is assessed on all earned income, including net profits, of all residents and non-residents, who conduct business, perform services or do other work in the Village. Businesses located outside of the Village who conduct business within the Village are liable for this tax on the portion of net profits that are earned in the Village. All gross wages paid to employees for work performed in the Village are taxed at 1.5% and must be withheld for by the employer. All Businesses doing work within the Village must register with the Income Tax Department and provide a list of any employees, contractors, subcontractors or others who will be working with them.

Please complete and submit this form within FIFTEEN DAYS, failure to do so will subject you to a penalty of five dollars a day for each and every day you remain in violation.

**Completed forms can be emailed to: [tax@granville.oh.us](mailto:tax@granville.oh.us) or faxed to 740-587-0128**

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1. NAME OF BUSINESS: \_\_\_\_\_

2. NAME OF PRINCIPAL PARTNER OR OWNER: \_\_\_\_\_

3. BUSINESS ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 \_\_\_\_\_

4. BUSINESS ACTIVITY: \_\_\_\_\_

5. FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

6. FORM OF BUSINESS (CIRCLE ONE): SOLE PROPRIETOR PARTNERSHIP CORPORATION S-CORP OTHER \_\_\_\_\_

7. ACCOUNTING PERIOD USED FOR TAX PURPOSES: [  ] CALENDAR YEAR ENDING 12/31

[  ] FISCAL YEAR ENDING \_\_\_\_\_

8. IS YOUR COMPANY PERFORMING WORK WITHIN THE VILLAGE? **OR** ARE YOU ESTABLISHING A WITHHOLDING ACCOUNT SOLEY FOR THE CONVENIENCE OF YOUR EMPLOYEES? (CHOOSE ONE) \_\_\_\_\_

IF YOU ARE WITHHOLDING SOLEY FOR THE CONVENIENCE OF YOUR EMPLOYEES, PLEASE LIST THE NAME AND ADDRESS OF THE GRANVILLE RESIDENT EMPLOYEES YOU ARE WITHHOLDING FOR:

\_\_\_\_\_  
 \_\_\_\_\_

9. DATE SERVICE/WITHHOLDING BEGAN IN VILLAGE: \_\_\_\_\_  
 IF TEMPORARY, APPROXIMATE ENDING DATE: \_\_\_\_\_

10. NUMBER OF EMPLOYEES NOW EMPLOYED BY YOU SUBJECT TO GRANVILLE'S TAX \_\_\_\_\_

11. **IF APPLICABLE, LIST ALL CONTRACTORS AND SUB-CONTRACTORS WHO WILL BE WORKING WITH YOU ON THE BACK OF THIS FORM.**

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE:

\_\_\_\_\_  
 SIGNATURE TITLE DATE