

TAX WITHHOLDING ACCOUNT APPLICATION

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

Company Name _____ FED ID _____

*****The Federal Id. Number you provide will be your St. Bernard account number*****

Doing Business as _____ Phone _____

1. Name of Owner(s):

2. Accounting/payroll contact:

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 from line 4):

6. Does the employee work in St. Bernard?
Yes ___ No ___.
7. Is this a courtesy withholding only for a resident working in another city?
Yes ___ No ___
8. If you use a Payroll Processor, please list name and address:

9. Quarterly_____, Monthly_____, or Semi-Monthly payment_____
10. **Start date of withholding:** _____

Date: _____ Signature/Title: _____

Should you have any questions, you may contact the St. Bernard Tax Department at (513) 242-7710 between the hours of 9:00 am and 5:00 pm weekdays.

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