

TAX WITHHOLDING ACCOUNT APPLICATION

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

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): _____

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 or a PEO, please list name and address:

9. ****PEO: Name and address of St. Bernard Business you are providing PEO service for:** _____

10. Quarterly _____, Monthly _____, or Semi-Monthly payment _____

11. **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.

St. Bernard Tax Department: 110 Washington Ave. St. Bernard, OH 45217