

# 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):  
\_\_\_\_\_
8. Does the employee work in St. Bernard?  
Yes \_\_\_ No \_\_\_.
9. Is this a courtesy withholding only for a resident working in another city?  
Yes \_\_\_ No \_\_\_
10. If you use a Payroll Processor, please list name and address:  
\_\_\_\_\_  
\_\_\_\_\_
11. Quarterly \_\_\_\_\_, Monthly \_\_\_\_\_, or Semi-Monthly payment \_\_\_\_\_

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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](mailto:tax@cityofstbernard.org)  
Website: [www.cityofstbernard.org](http://www.cityofstbernard.org)