



Village of ARCHBOLD, OHIO

INCOME TAX DEPARTMENT
300 N. Defiance St, P.O. Box 406
Archbold, OH 43502
PH: 419-445-9501 FAX: 419-445-0908
EMAIL: mfranks@archbold.com

For Tax Office Use:

Acct# _____

Acct Code _____

Date Opened _____

TAX RATE 1.8% (Effective 01/01/2023)

Business Questionnaire/Registration

Complete this Questionnaire, acct# assigned after we receive form.

Business Name: _____ FED. ID# _____

Trade Name (DBA): _____ SSN# _____

Mailing Address: _____

Physical Address: (if different): _____

Nature of Business Conducted: _____ Date started in Archbold: _____

Location Doing Business in Archbold: _____

Entity Type: Sole Proprietorship Partnership (see below for partners)
Corporation LLC filing as: Sch C 1120S 1065 Non-Profit

Withholding Information: NO employees ☐

Attn: _____

Phone: _____

Email: _____

Withholding start date: _____

Payroll Serv. Name: _____ or OBG? _____

Courtesy w/h for Archbold resident(s)? Y or N

Work from Home? Y or N

Name/Address of the Resident: (Required for work-from-home tax or courtesy tax)

Net Profit Information:

Attn: _____

Phone: _____

Email: _____

Accounting Period:

☐ Calendar Yr. Ending 12/31

☐ Fiscal Yr. Ending _____

If entity is a partnership, list all partners:

1. Name: _____ Address: _____

2. Name: _____ Address: _____

3. Name: _____ Address: _____

List all subcontractors you will be using: (use back of form for additional if needed)

Name: _____ Address: _____

Name: _____ Address: _____

If a corporate subsidiary, give name and address of parent company main office & their Fed. ID#:

Does the business occupy, as tenant, real property in Archbold rented from others? Y or N If yes, list: _____

Owner: _____ Address: _____

Accountant name and address: _____

All information submitted to be true and accurate: Signed: _____

Title: _____ Date: _____