



Founded 1790

City of Gallipolis

INCOME TAX DEPARTMENT

P O BOX 339
GALLIPOLIS, OHIO 45631

Telephone (740) 441-6009 EXT 722
Fax (740) 441-2062
Email brobinson@gallipoliscity.com

WITHHOLDING QUESTIONNAIRE

Answer all questions. Please type or print plainly.

All information is confidential.

RETURN THIS FORM WITHIN TEN DAYS TO THE ADDRESS ABOVE.

Gallipolis Name and Address used for business purposes/ Type of business.

If above is a branch office, give name and address of main office.

Date the business first employed individuals in Gallipolis _____

Type of Ownership Proprietorship: Partnership Corporation LLC Non-Profit (circle one)

If your Withholding is **MORE than \$ 200.00 per month** – check here _____ **Monthly WH**

If your Withholding is **LESS THAN \$ 200.00 per month** – check here _____ **Quarterly WH**

Please list below where to send the employee Withholding Forms/Correspondence

Business Name _____

Attention _____

Mailing Address _____

City/State/Zip _____

Telephone _____ FAX _____

FEDERAL ID # _____

I do hereby certify that this information is true and correct to the best of my knowledge.

Signature _____ Date _____

CHECK HERE FOR COURTESY WH _____
NAME & ADDRESS OF EMPLOYEE _____