

# CARROLLTON INCOME TAX DEPARTMENT

80 SECOND STREET SW, CARROLLTON, OH 44615

(330) 627-7529 • Fax (330) 627-3502

The Village of Carrollton Income Tax Ordinance imposes a tax of one percent (1%) on wages, salaries, commissions or other compensation paid to employees age 18 years old and older for work done or services performed in the Village of Carrollton. This ordinance also requires employers to withhold this tax from earnings of the employee.

The ordinance also imposes a tax at the same rate on net profits of individuals, partnerships, or unincorporated businesses and professions, as well as corporations engaged in business activity in the Village of Carrollton.

1. Business Name \_\_\_\_\_ Federal ID# \_\_\_\_\_  
Location \_\_\_\_\_

2. Date you started doing business in Carrollton \_\_\_\_\_

3. Nature of business conducted \_\_\_\_\_

4. Accounting period used for Federal Income Tax Purposes: (check one)  
\_\_\_\_\_ Calendar Year ending December 31 \_\_\_\_\_ Fiscal Year ending \_\_\_\_\_

5. Number of employees \_\_\_\_\_ Do you anticipate future employees? \_\_\_\_\_

6. Do you at any time, employ persons who are subject to the Village of Carrollton and from whom you do not withhold the city tax? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, attach a list showing names and addresses of these individuals.

7. Type of ownership: (check one)  
\_\_\_\_\_ Individual Proprietorship – Owner's SS# \_\_\_\_\_  
\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership  
\_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_ Association  
\_\_\_\_\_ Other – Explain \_\_\_\_\_

8. If partnership, association or other unincorporated joint business venture, indicate how the Village of Carrollton Income Tax Return will be filed and paid upon the net profit. (check one)  
\_\_\_\_\_ In full by the business \_\_\_\_\_ Separately by the individual members

9. If partnership or individual proprietorship, give owner's name and address:

\_\_\_\_\_  
Note: If sufficient space has not been provided, please attach separate lists.

10. Address to which tax forms are to be mailed:

**Business Net Profit Tax Returns**

**Withholding Report Tax Forms**

Name \_\_\_\_\_ Name \_\_\_\_\_

c/o \_\_\_\_\_ c/o \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

11. Do you operate any other businesses within the Village of Carrollton? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list those located within the city:

(1) \_\_\_\_\_

12. Person to contact if additional information is needed:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_

\* You may fax this information to (330) 627-3502