For Tax Office Use:
Acct# _____
Acct Code _____

*Date Opened*_____

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 or ngors@archbold.com
CITY WEBSITE FOR FORMS: www.archbold.com

TAX RATE 1.8% Effective 01/01/2023

Business Registration
Complete this registration and return, acct# will then be assigned.

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? ___
If Courtesy tax for Archbold residents, Courtesy Rate: _____
Work from Home? ☐ *Yes or* ☐ *No*

Net Profit Information:

Attn: _____
_____
_____
Phone: _____
Email: _____
Accounting Period:
☐ Calendar Yr 12/31
☐ Fiscal Yr Ending_____

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

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:_____