



**CITY OF WAPAKONETA
APPLICATION FOR WITHHOLDING ACCOUNT**

NAME OF COMPANY _____

ADDRESS IN WAPAKONETA _____

MAILING ADDRESS (if different) _____

CITY/STATE/ZIP _____

PHONE NUMBER (with area code) _____

FEDERAL ID NUMBER _____

DBA _____

CONTACT PERSON FOR PAYROLL _____

NAME & ADDRESS IF ANOTHER COMPANY PREPARES PAYROLL:

NUMBER OF EMPLOYEES _____ DATE WITHHOLDING WILL START _____

THE TAX RATE IS 1.5% AND MAY BE REMITTED MONTHLY OR QUARTERLY

WILL REMIT MONTHLY _____ OR QUARTERLY _____ (check one)

NAME OF PERSON PREPARING APPLICATION _____

PHONE NUMBER WHERE THEY MAY BE REACHED _____

MAIL COMPLETED FORM TO:

CITY OF WAPAKONETA
INCOME TAX DEPARTMENT
P O BOX 269
WAPAKONETA, OH 45895

Any questions regarding form,
please call (419) 738-7342

FAX: (419) 738-4762

ACCOUNT NUMBER ASSIGNED _____

DATE ENTERED _____ BY WHOM _____