



VILLAGE OF FAIRFAX BUSINESS REGISTRATION FORM

Type of Organization (select one): ___ Property Owner ___ Property Manager ___ Contractor ___ Sub-Contractor
___ Corporation ___ Partnership ___ Sole Proprietorship ___ Other

Start Date Operating in Fairfax _____ FEIN: _____ or SSN: _____

Local Business Info:

Business Name: _____

Local Street Address: _____ Store#: _____

City, State, & Zip: _____ Phone: _____ Fax: _____

Local Contact Name: _____ Local Contact's Title: _____

Is your business a subsidiary of a Parent Company in another community or state? (select one) ___ Yes ___ No

If Yes, Company Name: _____ Contact's Name there: _____

Street Address: _____ City, State, & Zip: _____

If No, Owner/Responsible Party's Name: _____

Street Address: _____ City, State, & Zip: _____

Phone: _____ Email Address: _____

Who should receive correspondence, and/or who can we contact, regarding Tax or Withholding Issues (could be your CPA or someone in your Payroll Dept)?:

Contact's Name: _____

Street Address: _____

City, State, & Zip: _____

Phone #: _____ Email Address: _____

Do you own or rent your business property in Fairfax? (select one) ___ Own ___ Rent

If you rent, landlord's name: _____

Landlord's Street Address: _____ City, State, & Zip: _____

Phone #: _____ Email Address: _____

Do you use a Payroll Service Provider/PEO? (Select one): Yes* No

NOTE: Please provide updated information to us if this changes.

If Yes, Name of Company: _____ Phone: _____

When did they begin providing services to your company? (date): _____

If No, Name of person we can contact: _____ Title: _____

Phone Number: _____ Email Address: _____

Tax Withholding Information: (NOTE: Withholding payments are required)

Do you pay **W-2** employees? (select one) Yes No Full-Time Part-Time Seasonal

Do you pay **1099 contractors**? (select one) Yes No

*If Yes, please provide list of Names, Addresses, and SSNs on separate sheet. We must receive year-end 1099s for each independent contractor by 2/28 of the following year. Each independent contractor is then responsible for submitting a tax return to the Village of Fairfax by the federal due date (usually April 15).

How often are local/municipal taxes submitted (select one): Semi-monthly Monthly Quarterly

Are you using other contractors or consultants? (select one) Yes* No

*If Yes, please attached list of Names, Addresses, and FEINs or SSNs on separate sheet and keep us updated of changes.

What is Your Accounting Period? Calendar Fiscal Fiscal-Year Start Begin and End Dates: _____

NOTE: Net Profit Quarterly Estimated Tax Payments are required if over \$200 will be due for the year.

Any Other Comments:

Signature of Officer: _____ Date: _____

Officer's Name – Printed: _____ Title: _____

Please return completed form within ten (10) days via mail, fax, or email:

Village of Fairfax Tax Office
5903 Hawthorne Ave
Cincinnati, OH 45227

Patrick Letton, Primary Tax Administrator

Phone: 513-527-6506 | Fax: 513-561-5748 | Email: pletton@fairfaxoh.org

Ellen Harback, Tax Administrator

Phone: 513-272-9954 | Fax: 513-561-5748 | Email: eharback@fairfaxoh.org

Please notify us of changes in the future as well. Thank you!