

Village of Baltimore
Taxpayer Registration

Please **PRINT** all requested information. The information reported on this form will be used to establish your Taxpayer Account with the Village of Baltimore, and will be held in strict confidence. Please return completed, signed form to: **Village of Baltimore, Tax Administration Office, P.O. Box 125, Baltimore, Ohio 43105.**

RESIDENT/NON-RESIDENT INFORMATION

Please complete this section if you reside in Baltimore OR, if you work within the Village of Baltimore, and your employer *does not* withhold Baltimore Income Tax.

1. Name: _____ 2. Social Security #: _____
3. Name: _____ 4. Social Security #: _____
5. Name & Social Security Number of All Other Adults Living in the Residence: _____
6. Current Address: _____ 7. Previous Address: _____
8. Telephone Number: _____ 9. Date Moved To Current Address: _____
10. Signature _____ 11. Date: _____

MANDATORY FILING REQUIREMENT

All residents of the Village of Baltimore are required to file a Baltimore Income Tax Return each year, regardless of income. Tax is due on all income earned while a Baltimore resident.

BUSINESS/RENTAL INFORMATION

1. Type of Organization: Corporation Partnership Non-Profit Limited Liability Company Other: _____
2. Federal ID Number, or Social Security Number: _____
3. Local Name & Address as used for business purposes (or local address of rental property):
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Telephone Number: _____
4. Mailing Address (For receipt of forms, correspondence) if different than above:
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
5. Date you began operations in Baltimore, or began withholding for a Baltimore resident: _____
 We have no employees working in Baltimore. We are withholding as a courtesy for employees who live in Baltimore.
6. Fiscal Year End (If other than December): _____ 7. Nature of Business: _____
8. If Partnership, list Social Security Number, Name, and Address of partners: _____
Name of Person completing form: (please print) _____ Phone: _____
Signature: _____ Date: _____