

Norwood Tax Office Business Form

Name of Business:

Norwood or Local Business Location:

Street Address:

City/State/Zip: Norwood, Ohio 45212

(P.O. Box Number not acceptable as complete description)

Local Manager and/or Executive Officer:

Local Telephone Number:

Nature of Business:

Address Where Tax Forms to be mailed (If different from above address)

Address:

City / State / Zip:

Federal ID#:

Or Social Security #:

The above listed Federal ID number will be your account number for withholding payments.

Corporate Address: Business Name:

Street Address:

City / State / Zip:

Corporate Telephone (s) #:

Corporate Chief Executive Officer:

Corporate Treasurer and or Comptroller:

Tax return to be file on calendar year Yes or No

Or

Tax Return to be filed on Fiscal Year Starting:

Yes or No

Ending:

Number of Employees subject to Norwood Withholding tax:

Date Business Started in Norwood Tax Department:

Signature of respondent and title:

Online Application

Please send information to
City of Norwood Earnings
Tax Department
4645 Montgomery Road
Norwood, Ohio 45212-2689