VILLAGE OF BUTLER

419-883-2481

P.O. BOX 394 33 W. Elm St. Butler, Ohio 44822-0394

419-883-3360 fax

Confidential Business Income Tax Registration

1.	Local name and address as used for business purposes: Trade Name:			
			State_	 Zip
2.	Nature of business	or principal product:		
3.	Type: Corporation FEIN:		prietorship Profes	sion Other
4.	Date business starte	ed in Village of Butle		
5.	Number of employe	es working in Butler:	Resident No	on-resident
6.	. Employee Name and Address required for verification of withholding: (Attach list in necessary) Name: Address:			
7.			e will be sent if differe State	
8.	Do you currently pay Income Tax or Withholding to Butler? Yes No			
9.	Person/persons resp	oonsible for completi	ng this form.	
(Na	(Name)		(phone number)	
10	. Person/persons res	ponsible for filing of	taxes and/or withholo	ding.
(Name/Company)		(Phone number)		
	dress	City	Sta	ate Zip