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VILLAGE OF BRADFORD, OHIO
INCOME TAX DEPARTMENT
P. O. Box 128
Bradford, Ohio 45308

WITHHOLDING QUESTIONNAIRE

This information may be shared with other departments within the Village of Bradford

1. NAME OF COMPANY _____
 2. BUSINESS OWNER'S NAME _____
 3. BUSINESS ADDRESS _____
 4. MAILING ADDRESS _____
 5. PROJECT WORKING ON IN BRADFORD _____
 - a. Address of Project: _____
 6. COURTESY WITHHOLDING (employee lives in Bradford-does not work in Bradford: YES ___ NO ___)
 7. FEDERAL IDENTIFICATION NUMBER _____
 8. TELEPHONE NUMBER _____ FAX NUMBER _____
 9. EFFECTIVE WITHHOLDING DATE _____
 10. NUMBER OF EMPLOYEES FOR WHICH TAXES WILL BE WITHHELD _____
 11. WILL YOU REMIT WITHHOLDING: MONTHLY _____ QUARTERLY _____
 12. NAME OF PAYROLL SERVICE, IF ANY _____
 13. STATUTORY AGENT _____ SSN _____
- Signature _____ Date _____

PLEASE COMPLETE ALL QUESTIONS AND RETURN WITHIN TWENTY (20) DAYS

Withholding forms may be found on our website: www.bradfordoh.com