



EMPLOYER WITHHOLDING TAX REGISTRATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BILLING ADDRESS: _____
(If different than above)

CONTACT NAME: _____

CONTACT PHONE: _____ CONTACT EMAIL: _____

FEDERAL ID #: _____

REMITTANCE PREFERENCE: MONTHLY _____ QUARTERLY _____

DO YOU USE A PAYROLL SERVICE? _____ COMPANY NAME: _____

DO YOU CONDUCT BUSINESS OR PERFORM SERVICES WITHIN THE CITY LIMITS OF NEW CARLISLE?
 YES _____ NO _____

EMPLOYEES BEING WITHHELD

NAME	ADDRESS	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZED SIGNATURE

DATE

PLEASE RETURN COMPLETED FORM WITHIN FIFTEEN (15) DAYS