

VILLAGE OF FORT RECOVERY

INCOME TAX DEPARTMENT

Angie McAbee, Tax Administrator

201 S Main Street, PO Box 459, Fort Recovery, Ohio 45846
Phone: 419-375-4580 Fax: 419-375-4709 E-mail: forttax@fortrecovery.org

Dave Kaup, Mayor

REGISTRATION

*(Individuals front side –
Businesses back side)*

This registration is confidential and only for the purpose of updating your tax records. Please print clearly to prevent incorrect information filed. This Registration is required by law, Fort Recovery Income Tax Ordinance #1984-10. Any changes in the future must be reported to the income tax department. **If additional space is required to complete this form, please attach supplemental sheets.* **This registration form is due: WITHIN 10 DAYS OF RECEIPT**

- 1 a Your full name _____ and Social Security # _____
b Date you became a resident of Fort Recovery _____ Birthdate _____
c Are you employed? ☐ Yes ☐ No – Reason ☐ Retired ☐ Laid-Off ☐ Other, explain _____
d Present Employer: _____ Address: _____ From _____ To _____
e Previous Employer: _____ Address: _____ From _____ To _____
- 2 a Spouses name _____ and Social Security # _____
b Date he/she became a resident of Fort Recovery _____
c Is he/she employed? ☐ Yes ☐ No – Reason ☐ Retired ☐ Laid-Off ☐ Other, explain _____
d Present Employer: _____ Address: _____ From _____ To _____
e Previous Employer: _____ Address: _____ From _____ To _____
- 3 List ALL other occupants of the household regardless of employment or age.
Name _____ DOB _____ SSN _____ Employer _____
Name _____ DOB _____ SSN _____ Employer _____
Name _____ DOB _____ SSN _____ Employer _____
Name _____ DOB _____ SSN _____ Employer _____
- 4 Do you own your residence? ☐ Yes ☐ No If no, and you are renting, complete the next line.
Landlord: _____ Address: _____ Phone # _____
- 5 Do you live with your parent(s)? ☐ Yes ☐ No Will you be attending College? ☐ Yes, Begin Date: _____ ☐ No
- 6 Do you own rental property(s)? ☐ Yes ☐ No If yes, list addresses and dates purchased.
Address: _____ Purchased: _____
Address: _____ Purchased: _____
- 7 Do you have farm income? ☐ Yes ☐ No If yes, list address and dates purchased.
Address: _____ Purchased: _____
- 8 Do you own a business(s)? ☐ Yes ☐ No If yes, please complete the back side of this Registration. If no, stop here and sign below.
- * SIGNATURE: _____ DOES HEREBY STATE INFORMATION IS TRUE AND CORRECT
Phone #: _____ Address change below if not as typed above.
New Address: _____

Any "Person" failing to file this registration or knowingly giving false information on this registration is subject to a fine of not more than five hundred dollars (\$500.00) or imprisoned for not more than six (6) months, or both.

"This institution is an equal opportunity provider and employer."

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- 9 a Federal Identification Number for reporting purposes: _____
- b Accounting period for tax purposes: ☐ Calendar year ending December 31st.
☐ Fiscal year ending _____
- c Type of ownership: ☐ Sole Proprietorship, ☐ C-Corporation, ☐ Partnership*, ☐ Association,
☐ Non-Profit Corporation, ☐ Non-Profit Association or ☐ Other: _____
- * If partnership, list partnership's name(s), addresses, phone number and share amount below.

Name	Address	Area Code & Phone Number	Share Amount %
_____	_____	_____	_____
Name	Address	Area Code & Phone Number	Share Amount %
_____	_____	_____	_____
Name	Address	Area Code & Phone Number	Share Amount %
_____	_____	_____	_____
Name	Address	Area Code & Phone Number	Share Amount %
_____	_____	_____	_____

- 10 Name, address and type of business in Fort Recovery taxing jurisdiction:

Name	Address	Type
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- 11 Date business activity or service started? ____ / ____ / ____
- 12 Do you have one or more employees? ☐ Yes ☐ No If NO, will you in the future? ☐ Yes ☐ No
- 13 If you are a contractor, do you sub-contract within this municipality? ☐ Yes ☐ No
If YES, list below those businesses names, addresses and their type of business

Name	Address	Type
_____	_____	_____
Name	Address	Type
_____	_____	_____
Name	Address	Type
_____	_____	_____

- 14 Statutory Agent: _____ SSN: _____
(MUST BE COMPLETED) (Print or Type Full Name) DOB: _____

* AUTHORIZED
SIGNATURE: _____

DOES HEREBY STATE INFORMATION IS TRUE AND CORRECT

BUSINESS NAME AS REPORTED TO THE IRS and STATE OFFICES.

Send final return forms to:

Send withholding forms to:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Phone: _____	Phone: _____

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