To: All Contractors

From: Kristie Crockett, Fiscal Officer

RE: Madison Village Local Income Tax Registration for Village Work

All contractors working within the limits of Madison Village for at least 20 days in a calendar year are subject to the local Village Income Tax under Madison Village Administrative Code, Chapter 181 (Municipal Income Tax), Section 181.052(B1-D3). Enclosed is the registration form, along with the portion of Madison Village’s Tax Code referenced above. Should you wish to read our Municipal Income Tax Code in its entirety, it is available on our website at www.madisonvillage.org.

Please complete the registration form and return it to Madison Village. The tax is 1%, which is levied on all wages and net profits. This information will be forwarded to the Regional Income Tax Agency (RITA), our tax collection administrator, who will forward the appropriate reporting documents. (NOTE: Being a public utility does not exempt you from these registration/reporting/withholding requirements.)

If you have any questions, you may contact us at 440-428-7526, or you may contact RITA directly at 1-800-860-7482.

Thank you.
Construction Work Registration Form

Madison Village Municipal Income Tax

Name of Business ____________________________

Address ___________________________________

______________________________________________

Phone Number __________________ Fax ____________

Federal Tax ID # ____________________________

Name of Contact ________________________________

Start Date ____________ End Date ____________

Please also provide (on a separate sheet of paper):

- Names, Addresses, Tax ID #’s for all independent contractors/subcontractors to be used on the project.

- Certificate from the State of Ohio Bureau of Worker’s Compensation

- Statement that all employees, subcontractors that are sole proprietorships or partnerships, have the legal right to work in the United States.

- Certificate of Insurance.

(Revised 01/2017)
BUSINESS REGISTRATION FORM 48

MUNICIPALITY

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)

FILING STATUS: □ CORPORATION □ ESTAT/Trust □ LLC □ NON PROFIT □ PARTNERSHIP □ S-CORP. □ SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: __________________________________________ PHONE: (____ ) ______________________

ADDRESS: __________________________________________ CITY: __________ STATE: _______ ZIP: _______

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: __________________________________________ PHONE: (____ ) ______________________

ADDRESS: __________________________________________ CITY: __________ STATE: _______ ZIP: _______

IF SOLE PROPRIETORSHIP, GIVE OWNER’S NAME AND HOME ADDRESS

NAME: __________________________________________ PHONE: (____ ) ______________________

ADDRESS: __________________________________________ CITY: __________ STATE: _______ ZIP: _______

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY___________________________

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS: ____________ □ TRANSPORTATION □ NON MANUFACTURING □ MANUFACTURING □ WHOLESALE

□ RETAIL □ FINANCE □ SERVICES □ PUBLIC ADMINISTRATION □ NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) □ YES □ NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) □ YES □ NO

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: __________ MONTHLY GROSS PAYROLL AT RITA LOCATION: __________

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? □ YES □ NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: __________________________________________ PHONE: (____ ) ______________________

CARE OF: __________________________________________ CITY: __________ STATE: _______ ZIP: _______

ADDRESS: __________________________________________

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR MONT Month / DAY / YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: __________________________________________ PHONE: (____ ) ______________________

CARE OF: __________________________________________ CITY: __________ STATE: _______ ZIP: _______

ADDRESS: __________________________________________

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: __________________________ DATE: __________________________

PRINT NAME: __________________________ TITLE: __________________________ PHONE: __________________________

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477005 BROADVIEW HEIGHTS, OH 44147-7900
<table>
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<th>COMPANY/ADDRESS - CITY, STATE AND ZIP</th>
<th>OFFICER/OWNER NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>ESTIMATED START DATE</th>
<th>NUMBER OF EMPLOYEES</th>
<th>ESTIMATED WAGES PER MONTH</th>
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If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RTA (7482)  
TDD: (440) 526-5332

COLUMBUS TOLL FREE: (866) 721-RTA (7482)  
FAX: (440) 526-3136

YOUNGSTOWN TOLL FREE: (866) 750-RTA (7482)