

**AMHERST INCOME TAX DEPARTMENT**  
480 Park Ave  
Amherst, OH 44001  
Phone (440) 988-4212 Fax (440) 988-3749

**HOME BASED EMPLOYEE PAYROLL TAX REGISTRATION**

Pursuant to Amherst City Income Tax Codified Ordinances, Chapter 192 and Ohio Revised Code Chapter 718, each employer doing business within the city is required to deduct the tax of 1.5% from the gross wages of their employees. This amount will be remitted on a quarterly or monthly basis to the address above. A net profit tax return at the end of your fiscal year shall be filed with the same entity if necessary.

<b>Company Name:</b> _____	<b>Tax ID:</b> _____
<b>DBA/Trade Name:</b> _____	<b>Date Active at Amherst Location</b> ____/____/____
<b>Main Office Address:</b> _____	<b>Phone:</b> (    ) _____
_____	<b>Fax:</b> (    ) _____
<b>Email Address:</b> _____	

**Home Based Employee Information**

<b>Employee Name:</b> _____	<b>Employee Name:</b> _____
<b>Employee Address:</b> _____	<b>Employee Address:</b> _____
_____	_____
<b>Employee Name:</b> _____	<b>Employee Name:</b> _____
<b>Employee Address:</b> _____	<b>Employee Address:</b> _____
_____	_____

**Payroll Withholding Information – Tax Rate 1.5%**

- Monthly (required if >\$200 per month)     Quarterly

<b>Mailing Address for</b> _____	<b>Payroll Contact Name:</b> _____
<b>W/H Forms:</b> _____	<b>Phone:</b> (    ) _____
_____	

**OR:**     Payroll Service (FEIN is used as the Account Number)

<b>Company Name:</b> _____	
<b>Address:</b> _____	
_____	
<b>Contact Name/Dept:</b> _____	<b>Phone:</b> (    ) _____

**Net Profit Tax Information**

Income Tax Filing not Required Reason: \_\_\_\_\_  
(Please complete contact information below)

<b>Mailing Address for</b> _____	<b>Accounting Period Used:</b>
<b>Net Profit Forms:</b> _____	<input type="checkbox"/> Calendar Year <input type="checkbox"/> FYE, Month _____
_____	
<b>Tax Dept Contact Name:</b> _____	<b>Phone:</b> (    ) _____