

**VILLAGE OF LEIPSIC  
INCOME TAX DEPARTMENT  
142 E. MAIN ST  
LEIPSIC, OH 45856  
PHONE (419) 943-2492 FAX (419) 943-2010**

**APPLICATION FOR WITHHOLDING ACCOUNT**

Please return to the address indicated above (form may be faxed)

Company Name \_\_\_\_\_

DBA: \_\_\_\_\_

Address \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
(if different)

Federal ID #: \_\_\_\_\_ (This will be your Account Number)

Telephone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Company will pay the Village of Leipsic Income Tax instead of withholding it from our employees:  
\_\_\_ Yes \_\_\_ No

Payroll Contact Person: \_\_\_\_\_

Payroll Company Name & Address:  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Rate is 1.5% of Gross Wages and may be remitted Monthly or Quarterly**

Monthly filing is required if an employer has withheld with respect to a municipality more than \$2,399 in the immediately preceding calendar year, or more than \$200 in any one month in the immediately preceding calendar quarter. Quarterly filing is required if an employer has withheld with respect to a municipality \$2,399 or less in the immediately preceding calendar year, or \$200 or less for each month in the immediately preceding calendar quarter.

Withholding for:  
Employees working in Leipsic \_\_\_\_\_ (Courtesy) Employees living in Leipsic \_\_\_\_\_

Date Withholding will start \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Will Remit: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly

Person Preparing Application: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_