

**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: _____ / _____ / _____

Visit our web site at: www.leipsic.com e-mail: raspangler@live.com