VALLEY VIEW JOINT ECONOMIC DEVELOPMENT DISTRICT

Income Tax Department

117 E. Walnut St.

Farmersville, OH 45325

937-696-2020

If you will be doing business within or with Valley View Joint Economic Development District, please complete this form in its entirety.

1.	Type of busines	ss							
2.	Business Name								
	Address								
	City		State		Zip				
	Federal ID #		Phone #		_ Email				
	address	also the mailing address							
	City		State		Zip				
3.	Type of Organia	zation: Sole Proprietor_	Corporation	n S-Corp _	Partnership	LLC			
4.	Owner of Busin	iess	SSN of Owner						
5.	Accounting per	iod: Calendar Year	ndar Year Fiscal Year Fiscal Month ending						
6.	Are there now or will there be employees working in (or for) Valley View Joint Economic								
	Development District? Yes No								
	Do you wish to remit the withholding tax quarterly or monthly?								
	Copies of employee w-2 forms and a completed W3 reconciliation form must be submitted no later than February 28 th of each year.								
7.	Date business	s began within or for Valley View Joint Economic Development District:							
8.	If you are a contractor, or a subcontractor, please advise:								
	(a.) Names and addresses of party from who contracted or subcontracted								
	(b.) Location of	of job							
	(b.) Location of job To To To To								
	(d.) Are you or will you be subcontracting any of the work to someone else? Yes								
	No If yes, attach list showing names and addresses and nature of work of all								
	subcontractors. Copies of 1099's or a statement containing the same information must be submitted no later than February 28 th of each year.								
			Sign	ature	ıre				
			Title	<u> </u>	Date				