



COURTESY OR REMOTE EMPLOYEE WITHHOLDING REGISTRATION FORM CITY OF FRANKLIN, WARREN COUNTY OHIO

1 BENJAMIN FRANKLIN WAY, FRANKLIN OH 45005; call or fax 937/986-1035
www.franklinohio.org

Business Name _____ DBA _____ FID or SSN # _____ Franklin phone # _____

Mailing Address For Payroll Tax Returns _____

Payroll Contact Person _____ Email Address _____ Phone # _____

Name of Payroll or employee leasing company _____ Payroll or leasing contact person & phone number _____

If your withholding tax is paid under a different business name/FID please complete:

Business Name _____ Address _____ FID _____

⇒ PEO's & leasing agencies are required to provide the name of the business & address staffing is being provided for _____

Account Effective Date ___/___/_____ Payments Submitted : Quarterly or Monthly Rate of Withholding (reciprocity up to 2%) _____

**TAXES REQUIRED TO BE DEDUCTED AND WITHHELD SHALL BE REMITTED MONTHLY TO THE TAX ADMINISTRATOR IF THE TOTAL TAXES DEDUCTED IN THE PRECEDING CALENDAR YEAR EXCEED \$2,399.00 OR IF THE TOTAL AMOUNT DEDUCTED OR WITHHELD IN ANY MONTH OF THE PRECEDING CALENDAR QUARTER EXCEED \$200.00.*

Please list employee name, social security number, home address and local work address for each employee:

⇒ Please attach a separate paper if needed.

Employee Name _____ SSN _____

Home Address _____

Address of employee work location _____

Employee Name _____ SSN _____

Home Address _____

Address of employee work location _____

Employee Name _____ SSN _____

Home Address _____

Address of employee work location _____

Employee Name _____ SSN _____

Home Address _____

Address of employee work location _____

I do hereby certify that to the best of my knowledge, the information is true and correct. I understand that all information contained herein is confidential.

Signature Title Date

PLEASE FOLLOW UP WITH OUR OFFICE TO CONFIRM YOUR REGISTRATION. PLEASE ALLOW THREE BUSINESS DAYS FOR PROCESSING.