

Village of West Lafayette
Business Registration Form

Bruce E. Fouch
Tax Administrator

Income Tax Department
113 East Railroad Street
West Lafayette, Ohio 43845
740-545-6541

Name: _____

Street: _____

City: _____

In order to avoid delinquency in filing the necessary forms with the Village of West Lafayette Income Tax Department, please answer the questions listed below and properly imprinted tax forms will be mailed to meet your requirements. In the event you will be filing under a name other than shown above, please indicate same. Return this registration form at once in the addressed return envelope provided.

Check type of organization: Individual Owner ____ Corporation ____ Partnership ____ Limited Partnership ____

Do you have a business (or do) business within the Village corporation limits? _____

Give full address _____

Type of business _____

Date you started business in West Lafayette _____

Date you started this business project _____ Completion date of project _____

Do you have employees living ____ or working ____ in West Lafayette? Approximate number _____

If corporation, give address to which Income Tax forms should be mailed _____

If foreign corporation, give name and home address of Ohio Statutory agent _____

If partnership, give name and home address of each partner _____

If individual owner, give home address _____

Social Security No. _____ Federal I.D. No. _____

Is this a new business _____ Did you purchase a going business _____ If so, give name and present address of prior owners _____

Will return be filed on calendar year _____ or fiscal year _____ Give year end date _____

Signature _____ Phone number _____

Title _____ Date _____

SEE REVERSE SIDE FOR ADDITIONAL DATA OR COMMENT

