City of Alliance

Income Tax Department

PO Box 2025
Alliance, Ohio 44601

504 E MAIN ST
Alliance, Ohio 44601

Phone: (330) 821-9190
Fax: (330) 829-2177

Email Address: warrickja@allianceoh.gov

Application For Withholding Account

Business Name: _____

Address: _____

Mailing Address: _____

Phone No: ( ) _____ **Fed. EIN:** _____

Numbers of Employee: _____ **Date started withholding:** _____

Employee Working from Home / Hybrid: ( ) Yes ( ) No **Courtesy Withholding:** ( ) Yes ( ) No

Third Party Payroll Service: ( ) Yes ( ) No

Payroll Service Contact info:

Name: _____

C/O: _____

Address: _____

Phone No: ( ) _____ Email Address: _____

Additional Information: _____

The information hereby submitted, is true, correct, and complete to the best of my knowledge and belief.

Representative Signature	Title	Date	Phone No.

Print Representative Name	Company Name	Email Address