



# City of Canfield

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## EMPLOYER WITHHOLDING QUESTIONNAIRE

This form is for non-resident employers who withhold the City of Canfield income tax for one or more employee(s) who reside in and/or perform work in the City of Canfield. To establish and maintain accurate records, the Codified Income Tax Ordinance 184.134 requires you to complete and return this form.

1. Federal Id. No. \_\_\_\_\_

2. Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

3. Nature of business \_\_\_\_\_

4. Phone No \_\_\_\_\_ Fax No \_\_\_\_\_

5. Contact Name \_\_\_\_\_ Email \_\_\_\_\_

6. Date began withholding \_\_\_\_\_

7. Will you file withholdings on a quarterly or monthly basis? \_\_\_\_\_

*(If aggregate withholdings for the City of Canfield amount to \$200.00 or more each month, employer is required to file/pay on a monthly basis. If withholdings are less than \$200.00/month, employers may file/pay quarterly, but also can choose to file monthly if they prefer.)*

8. If a payroll service is used, please give the name of service, contact person and phone number.

\_\_\_\_\_

9. Type of ownership: \_\_\_ Individual Proprietorship \_\_\_ Corporation \_\_\_ S-Corporation  
\_\_\_ Partnership \_\_\_ LLC \_\_\_ Non-profit \_\_\_ Other \_\_\_\_\_

10. Name & address of any **resident** employee(s) for whom you will be withholding:

*(Please note: It is not necessary to list **non-resident** employees for which tax is being withheld for work performed within the City of Canfield.)*

Name \_\_\_\_\_ Address \_\_\_\_\_

*(Use back of form or separate sheet if withholding for more than one resident employee.)*

11. I do hereby certify to the best of my knowledge, the above information is correct and complete:

\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_  
Company Title