

**AMHERST INCOME TAX DEPARTMENT**  
480 Park Ave  
Amherst, OH 44001  
Phone (440) 988-4212 Fax (440) 988-3749

**HOME BASED EMPLOYEE PAYROLL TAX REGISTRATION**

Pursuant to Amherst City Income Tax Codified Ordinances, Chapter 192 and Ohio Revised Code Chapter 718, each employer doing business within the city is required to deduct the tax of **1.5%** from the gross wages of their employees. This amount will be remitted on a quarterly or monthly basis to the address above. A net profit tax return at the end of your fiscal year shall be filed with the same entity if necessary.

**Company Name:** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_  
**DBA/Trade Name:** \_\_\_\_\_ **Date Active at Amherst Location**  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Main Office Address:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
\_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Home Based Employee Information**

|                                |                                |
|--------------------------------|--------------------------------|
| <b>Employee Name:</b> _____    | <b>Employee Name:</b> _____    |
| <b>Employee Address:</b> _____ | <b>Employee Address:</b> _____ |
| _____                          | _____                          |
| <b>Employee Name:</b> _____    | <b>Employee Name:</b> _____    |
| <b>Employee Address:</b> _____ | <b>Employee Address:</b> _____ |
| _____                          | _____                          |

**Payroll Withholding Information – Tax Rate 1.5%**

Remittance Frequency:     Monthly (required if over \$200 per month)     Quarterly

**Mailing Address for** \_\_\_\_\_ **Payroll Contact Name:** \_\_\_\_\_  
**W/H Forms:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
\_\_\_\_\_

**OR:**     Payroll Service (FEIN is used as the Account Number)

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Contact Name/Dept:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Net Profit Tax Information**

**Income Tax Filing not required** Reason: \_\_\_\_\_  
(Please complete contact information below)

**Mailing Address for** \_\_\_\_\_ **Accounting Period Used:**  
**Net Profit Forms:** \_\_\_\_\_  Calendar Year     FYE, Month \_\_\_\_  
\_\_\_\_\_  
**Tax Dept Contact Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_