

City of Amherst Income Tax Department
Statement of Employee Withholding Status

Company Name and Address:

Tax ID: _____

Effective ___/___/___ the business shown above:

Will have employees working in the City of Amherst. (Number of employees _____)

____ The business is using a payroll company; no forms are needed.

____ Payroll withholding forms should be sent to the following address:

Will be remitting withholding: _____ Monthly (required if more than \$200 per month) _____ Quarterly

Will have **no employees** at the city of Amherst location beginning ___/___/___.

Will be using **leased employees** at the city of Amherst location beginning ___/___/___.

Name and Address of employee leasing service: _____

Phone: _____

Will be using **contract labor** at the Amherst work location (paid on Federal Form 1099).
Names and addresses of all contract labor active during the preceding year must be reported to the Amherst Income Tax Department by the last day of February of the following year.

Supplemental Information: _____

I hereby certify that the information and statements contained herein are true and correct. I understand that employee payroll withholding at 1.5% is mandatory per City of Amherst Codified Ordinance No. 192.10.

I will notify the city tax office if any changes are made to the status shown above.

Signature: _____

Printed Name: _____

Title: _____

Phone: _____

Date: _____

Mail form to: Amherst Income Tax Department
480 Park Avenue
Amherst OH 44001

Phone: (440) 988-4212
Fax: (440) 988-3749