

**VILLAGE OF HICKSVILLE  
INCOME TAX DEPARTMENT**  
111 SOUTH MAIN ST  
HICKSVILLE, OH 43526  
PHONE (419) 542-8621 FAX (419) 542-2018  
OFFICE HOURS Mon.– Fri. 8:00AM to 5:00PM

**APPLICATION FOR WITHHOLDING ACCOUNT**

Please return to the address indicated above (form may be faxed)

Company Name \_\_\_\_\_

DBA: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different) \_\_\_\_\_

Federal ID #: \_\_\_\_\_ (This will be your Account Number)

Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Payroll Contact Person : \_\_\_\_\_

Payroll Company Name & Address:

\_\_\_\_\_  
\_\_\_\_\_

**Tax Rate is 1% of Medicare Wages and may be remitted Monthly or Quarterly**

Number of Employees living in or working in Hicksville \_\_\_\_\_

Date Withholding will start \_\_\_\_/\_\_\_\_/\_\_\_\_

Will Remit: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly

Person Preparing Application \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Visit our web site at: [www.villageofhicksville.com](http://www.villageofhicksville.com) e-mail: [hixtax@defnet.com](mailto:hixtax@defnet.com)