

Village of Granville  
Income Tax Department

141 East Broadway PO Box 514 Granville, Ohio 43023 (740) 587-2764

MANDATORY REGISTRATION FORM

The Village of Granville has mandatory tax registration. In order to ensure equitable tax collection, all village residents are required to register with the income tax department within 30 days of residency whether subject to the tax or not. This is in accordance with Granville Codified Ordinance Section 171.22. Failure to comply would put you in violation of Granville's Codified Ordinances and therefore subject you to penalty. **You have received this registration form either because you are a new village resident or because information currently on file with our office has changed** (i.e. address change, name change, job change etc.) **This form must be completed and submitted to the income tax office within 30 days of residency or change of information.**

**Explanation of Tax:** Most communities in the State of Ohio are income tax based, as is Granville. More than 65% of Granville's general fund revenue is received from the income tax. The purpose of this tax is to provide funds for general municipal operations and governmental services, such as police, street, maintenance, administration, capital improvements and community service.

The Village of Granville's income tax rate is one and one-half percent (1.5%). This tax is assessed on all earned income of residents and businesses located or doing business within the village corporation limits. Granville's income tax is levied on all salaries, wages, commissions and other compensation earned by residents, or by nonresidents for work done or services performed in the Village. The income tax is also levied on net profits attributable to Granville from all resident and nonresident businesses, professions, or other entities, derived from sales made, work done, services performed or rendered or other activities conducted within the Village. Resident taxpayers who receive compensation from within another taxing municipality are allowed a credit against the tax imposed by Granville. This credit can not exceed fifty percent (50%) of the amount of tax imposed on these wages by Granville.

**Please completely answer the questions:** DATE OF BIRTH: \_\_\_\_\_  
FULL NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_ PO BOX: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
DO YOU RENT OR OWN? \_\_\_\_\_ LANDLORD'S NAME & ADDRESS: \_\_\_\_\_  
DATE MOVED TO CURRENT ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
DAY PHONE: (\_\_\_\_) \_\_\_\_\_  
SPOUSE'S FULL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

NAME OF YOUR CURRENT EMPLOYER: \_\_\_\_\_ JOB/WORK LOCATION: \_\_\_\_\_  
DO YOU PAY TAX TO THE CITY YOU WORK IN? YES \_\_\_ NO \_\_\_ IF YES, WHICH CITY? \_\_\_\_\_  
DOES YOUR EMPLOYER WITHHOLD GRANVILLE TAX FROM YOUR WAGES? YES \_\_\_ NO \_\_\_  
IF YES, DATE GRANVILLE WITHHOLDING BEGAN \_\_\_\_\_

NAME OF SPOUSE'S CURRENT EMPLOYER: \_\_\_\_\_ JOB/WORK LOCATION: \_\_\_\_\_  
DOES YOUR SPOUSE PAY TAX TO THE CITY WORKED IN? \_\_\_\_\_ IF YES, WHICH CITY? \_\_\_\_\_  
DOES YOUR SPOUSE'S EMPLOYER WITHHOLD GRANVILLE TAX FROM HIS/HER WAGES? YES \_\_\_ NO \_\_\_  
IF YES, DATE GRANVILLE WITHHOLDING BEGAN \_\_\_\_\_

DO YOU OR YOUR SPOUSE HAVE RENTAL INCOME? YES \_\_\_ NO \_\_\_ IF YES LOCATION: \_\_\_\_\_  
DO YOU OR YOUR SPOUSE HAVE OTHER TAXABLE INCOME? \_\_\_ IF YES, WHAT TYPE OF INCOME? \_\_\_\_\_  
ARE YOU OR YOUR SPOUSE SELF-EMPLOYED? YES \_\_\_ NO \_\_\_ IF YES, DO YOU HAVE EMPLOYEES? \_\_\_\_\_  
NAME AND ADDRESS OF BUSINESS \_\_\_\_\_

LIST ALL OTHER HOUSEHOLD MEMBERS IN THE HOME (state if employed, retired, students or other and relationship)

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please fold top down and in half, staple or tape and return within 30 days.

STAPLE OR TAPE CLOSED HERE

**VILLAGE OF GRANVILLE**  
INCOME TAX DIVISION  
141 East Broadway  
PO Box 514  
Granville, OH 43023-0514

PLACE  
STAMP  
HERE

**VILLAGE OF GRANVILLE**  
INCOME TAX DEPARTMENT  
PO BOX 514  
141 East Broadway  
Granville, Ohio 43023-0514