



# City of New Philadelphia

## Income Tax Department

150 East High Ave, Suite 041 · New Philadelphia, OH 44663

Hours: Mon-Fri 8:00am - 4:30pm (330) 364-4491

### BUSINESS QUESTIONNAIRE/WITHHOLDING ACCOUNT APPLICATION

**Please complete the application & mail. Or fax to: (330) 364-9851. Scan & email to: [vdaniels@newphilaoh.com](mailto:vdaniels@newphilaoh.com)**

The City of New Philadelphia imposes an income tax of 1.5% (.015) on all qualifying wages, salaries, commissions, other compensation and other taxable income earned or received by **residents** 18 years or older. Non-residents are taxed at the same amount for work done or services performed or rendered within the municipality. The 1.5% tax also applies to net profits of corporations, individuals, partnerships, and unincorporated businesses engaged in business activity within the municipality.

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

City/State/Zip \_\_\_\_\_

Federal ID# \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Business Description \_\_\_\_\_

On what date did you begin doing business in New Philadelphia? \_\_\_\_/\_\_\_\_/\_\_\_\_

IRS Accounting Period (check one)  Calendar Yr. end Dec. 31  Fiscal Year ending \_\_\_\_\_

Number of employees \_\_\_\_\_ Do you anticipate hiring additional employees?  yes  no

Do you employ sub-contractors or other workers who are subject to city income tax?  yes  no

*If yes, please attach a list with their names, addresses and social security numbers.*

#### TYPE OF BUSINESS OWNERSHIP (check one)

Individual Proprietorship (owner's SS# \_\_\_\_\_)  Corporation

Partnership  LLC  Non-Profit Corporation  Association  Other (please explain below)

If the net profit New Philadelphia Income Tax Return is filed as a partnership, association or other unincorporated joint business venture, how will the balance due be paid?

Paid in Full by the Business  Paid Separately by the Individual Members

Please list the name(s) and addresse(s) of the owner(s) of the individual proprietorship or partnership:

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

City/State/Zip \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

*If additional space is required, please attach separate documents*



**City of New Philadelphia  
Income Tax Department**

**WITHHOLDING ACCOUNT APPLICATION**

How will you report employee withholding to the New Philadelphia Income Tax Department?

\_\_\_\_\_ Monthly OR \_\_\_\_\_ Quarterly Courtesy Withholding? \_\_\_ Yes \_\_\_ No

Do you anticipate working 20 days or more within New Philadelphia City Limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\_\_\_ We will report**

Name of Person Reporting \_\_\_\_\_ Telephone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Best Time to Contact Them \_\_\_\_\_

**\_\_\_ Through a Payroll Service**

Name of Payroll Service \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Address/City/State/

Zip \_\_\_\_\_

Email \_\_\_\_\_ Best Time to Contact Them \_\_\_\_\_

**\_\_\_ by using the Ohio Business Gateway (OBG)**

Who will prepare your annual net profit/loss return that will be filed with our office?

\_\_\_ Fiscal Officer \_\_\_ Accounting Firm/CPA \_\_\_ Tax Preparer \_\_\_ Other \_\_\_\_\_

Please write their name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*Please attach a list of any other businesses you own or operate in New Philadelphia.*

**Thank You and Welcome to New Philadelphia!**

Your tax dollars are used to fund fire and police protection and other vital city services.