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

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

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

__ 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.