



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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WITHHOLDING ACCOUNT APPLICATION

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

_____ Monthly OR _____ Quarterly Courtesy Withholding? ___ 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.