

# 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: cloos@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. 31Fiscal Year ending  |
| Number of employees Do you antic   | ipate hiring additional employees?yesno                                    |
| Do you employ sub-contractors or other workers w   | ho are subject to city income tax?yesno                                    |
| If yes, please attach a list with their n  | ames, addresses and social security numbers.                               |
| TYPE OF BUSINESS   | S OWNERSHIP (check one)  |
| Individual Proprietorship (owner's SS#   |  |
| PartnershipLLCNon-Profit Corporation   | nAssociationOther (please explain below)                                   |
| If the net profit New Philadelphia Income Tax Retuporated joint business venture, how will the balan | urn is filed as a partnership, association or other unincorce due be paid? |
| Paid in Full by the BusinessF  | Paid Separately by the Individual Members                                  |
| Please list the name(s) and addresse(s) of the own   | er(s) of the individual proprietorship or partnership:                     |
| Name   | Address  |
| City/State/Zip   |  |
| Name   | Address  |
| City/State/Zip   |  |
| If additional space is required  | d, please attach separate documents  |



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#### WITHHOLDING ACCOUNT APPLICATION

| , , , ,                           | Withholding?work from Home EmployeeCourtesy            |    |
|-----------------------------------|--|----|
| Do you anticipate working 20 days | s or more within New Philadelphia City Limits?Yes      | No |
| We will report                    |  |    |
| Name of Person Reporting          | Telephone  |    |
| Address/City/State/Zip            |  |    |
|                                   | 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 Ga     | teway (OBG)  |    |
| Who will prepare your annual net  | profit/loss return that will be filed with our office? |    |
| Fiscal OfficerAccounting Fire     | m/CPATax PreparerOther                                 |    |
| Please write their name           | Address  |    |
| City/State/Zip                    |  |    |
| Telephone                         | Fmail  |    |

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.