

NEW PHILADELPHIA INCOME TAX DEPARTMENT

150 East High Avenue, Suite 041 • New Philadelphia, OH 44663
(330) 364-4491 ext 508 • Fax (330) 364-9851

The New Philadelphia City Income Tax Ordinance imposes a tax of one and one half percent (.015) on wages, salaries, commissions or other compensation paid to employees age 18 years old and older for work done or services performed in the City of New Philadelphia. This ordinance also requires employers to withhold this tax from earnings of the employee.

The ordinance also imposes a tax at the same rate on net profits of individuals, partnerships, or unincorporated businesses and professions, as well as corporations engaged in business activity in the City of New Philadelphia.

1. Business Name _____ Federal ID# _____
Location _____
2. Date you started doing business in New Philadelphia _____
3. Nature of business conducted _____
4. Accounting period used for Federal Income Tax Purposes: (check one)
_____ Calendar Year ending December 31 _____ Fiscal Year ending _____
5. Number of employees _____ Do you anticipate future employees? _____
6. Do you at any time, employ persons who are subject to the New Philadelphia Income Tax and from who you do not withhold the city tax? _____ Yes _____ No. If yes, attach a list showing names and addresses of these individuals.
7. Type of ownership: (check one)
_____ Individual Proprietorship – Owner’s SS# _____
_____ Corporation _____ Partnership
_____ Non-Profit Corporation _____ Association
_____ Other – Explain _____
8. If partnership, association or other unincorporated joint business venture, indicate how the New Philadelphia Income Tax Return will be filed and paid upon the net profit. (check one)
_____ In full by the business _____ Separately by the individual members
9. If partnership or individual proprietorship, give owner’s name and address:

Note: If sufficient space has not been provided, please attach separate lists.

10. Address to which tax forms are to be mailed:

Business Net Profit Tax Returns

Withholding Report Tax Forms

Name _____

Name _____

c/o _____

c/o _____

Address _____

Address _____

11. Do you operate any other businesses within the City of New Philadelphia? _____ Yes _____ No
If yes, list those located within the city:

(1) _____

12. Person to contact if additional information is needed:

Name _____ Title _____

Phone Number _____

* You may fax this information to (330) 364-9851