

Questionnaire
Division of Taxation
City of Sylvania, 6730 Monroe St, Sylvania OH 43560-1949
Phone: (419) 885-8940 Fax: (419) 885-3442

Please provide your business name, address and phone number:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

The information contained on this form is necessary to open any city tax accounts needed by your company. A response is required within five (5) days. Sylvania city income tax rates are 1 ½% for payroll withholding and net profit taxes.

ALL INFORMATION IS CONFIDENTIAL PER THE SYLVANIA CITY ORDINANCES, SECTION 171.09 (d).

Check classification of business: Sub S _____ Corporation _____ Partnership _____ Proprietorship _____
LLC _____ LLP _____ What federal form will you be filing? _____

List name and address of owners: _____

Federal I.D. number: _____

A Social Security number is needed if you will be filing a Federal Schedule C: _____

Type of work performed: _____

Will you have sub-contractors? _____ If yes, please provide a list of their names and addresses.

Date operation started in Sylvania: _____ Date business year ends: _____

Address of Sylvania business location: _____

Are there now or will there be employees subject to Sylvania income tax: _____ If so, please show the payroll starting date: _____

Check the reason for the payroll: Work performed inside city limits _____ Courtesy for Sylvania residents _____

Will you be using a payroll service? Name _____

Trade name: _____

Is this business an outgrowth of another business? _____ If so, please provide the names of the business & owners: _____

If the address to mail tax forms is different from the address shown above, please provide the correct information:

Name, address & phone number of the person who prepares your tax forms: _____

By signing this form, I give the Sylvania tax office permission to contact my accountant.

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Title: _____ Date: _____