



DIVISION OF TAXATION
6730 MONROE STREET
SYLVANIA, OHIO 43560-1949
419-885-8940 FAX 419-885-3442
www.cityofsylvania.com/tax

Application for Sylvania Business Income Tax Account

The information contained on this form is necessary to open any city tax accounts needed by your company.

Sylvania city income tax rates are 1-1/2% for payroll withholding and net profit.

All information is confidential per the Sylvania City Ordinances, Section 171.09 (d).

Business Name: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

Check classification of business: LLC _____ LLP _____ Sub S _____
Corporation _____ Partnership _____ Proprietorship _____

What Federal Form will you be filing? _____

List name and address of owners: _____

Federal I.D. number: _____ If proprietor, also list S.S. number : _____

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: _____

Address of Sylvania business location: _____

Date business year ends: _____ Are there now or will there be employees subject to Sylvania income tax? _____ If so, please show payroll starting date: _____

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

Trade name: _____

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

Name and address to mail tax forms if different from the address shown on this letter: _____
_____ email _____

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

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 _____