

## SYLVANIA OHIO | DIVISION OF TAXATION

## 6730 MONROE STREET SYLVANIA, OHIO 43560

419.885.8940 FAX 419.885.3442

## **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 1.5% for payroll withholding and net profit.

All information is confidential per the Sylvania City Ordinances, Section171.09 (d).

Business Name:				
Address:	Email:Phone:			
City: St	tate:	Zip Code:	]	Phone:
Check Federal Tax Form Filed:         1120       1065       1120S         1040       Schedule C or 1099		1041Schedule E	_	
List name and address of owners:				
Federal I.D. number: I Type of work performed:				
Type of work performed: If Will you have sub-contractors: If Date operation started in Sylvania:	yes, ple	ease provide a lis	t of their nar	nes and addresses.
Address of Sylvania business location:				
Date business year ends:				
Are there now or will there be employees subpayroll starting date:  Check reason for payroll:  Work performed inside city limits  Courtesy for Sylvania residents*if co	ourtesy,	please provide the	he employee	addresses
Trade name: Is this business an outgrowth of another?		If so please r	rovide the n	ames of the business &
owners:		11 so, piease p	novide the n	anies of the business &
Name and address to mail tax forms if differ  Name, address & phone number of person w	rent froi	n the address sho	own on this l	
Tvame, address & phone number of person w	viio pic <sub>i</sub>	email		
By signing this form, I give the Sylvania Tax I certify the above to be true and correct to the Signed	he best	of my knowledg		countant.
Title				
Date				