



SYLVANIA OHIO | DIVISION OF TAXATION

6730 MONROE STREET SYLVANIA, OHIO 43560

419.885.8940 FAX 419.885.3442

Tax Account Registration Form

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. Please correct your name and address if needed. Sylvania city income tax rates are 1-1/2% for a payroll withholding and net profit. All information is confidential.

Business Name: _____
Business Address: _____

Check Federal Tax Form Filed:

1120 _____ 1040 _____ 1065 _____ 1120S _____ 1041 Schedule C or 1099 _____ Schedule E _____

List name and address of owners: _____

Email _____ Phone _____

Federal I.D. number _____

Social Security 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 _____ Remote Employee working from home _____

Courtesy for Sylvania residents working in a non-taxing jurisdiction _____

*** if courtesy or a remote employee, please provide a list of the employees' addresses**

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 provided above: _____
_____ email _____

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

I certify the above to be true and correct to the best of my knowledge.

Signed _____
Title _____
Date _____