

CITY OF TOLEDO



DIVISION OF TAXATION

To Whom It May Concern:

The city of Toledo has a municipal income tax that is applicable to all contractor work performed in the city. This contractor activity is covered under Section 798.01 of the Toledo Municipal Code which requires tax registration when contractor work is performed. In order to become registered with the city of Toledo, Division of Taxation, you must complete the questionnaire on page 2 of this letter. This questionnaire can be returned by facsimile at (419) 936-2318. A deposit of \$250 is required at time of registration. This deposit will be applied towards your estimated net profits income tax.

The rate of Toledo municipal income tax is two and one-quarter percent (2-1/4%). As an employer, you are required to withhold municipal income tax from all compensation paid to your employees while working inside the city of Toledo. You must also pay on net profits attributable to Toledo projects. Completing this questionnaire will enable us to furnish the proper forms to you to effect compliance with the Toledo Income Tax Ordinance and the Contractor – Tax Registration Ordinance.

If your account number is listed under another name, please call the Division of Taxation at (419) 245-1662 and we will make the necessary changes to our database.

Sincerely,

Tax Auditor
419-245-1662

Encl

For Office Use Only ACCT # Date:

City of Toledo
Division of Taxation

One Government Center, Ste 2070, Toledo, OH 43604, Office (419) 245-1662, FAX (419) 936-2320
 Email: incometax@toledo.oh.gov

New Business Registration Form

Business/Account Type:

^(R) Schedule C or E
 ^(B) Form 1065
 ^(C) Form 1120/1120S
 ^(B) Form 1041
 ^(W) Withholding

_____	_____
FEDERAL TAX ID # (if Applicable)	Toledo Business Name
_____	_____
Business Name	Toledo Address (if different)
_____	_____
Business Address	Toledo Address City, State, Zip
_____	_____
Business City, State, Zip	Mailing Address (if different)
_____	_____
Business Phone #	Mailing Address City, State, Zip
_____	_____
Business Fax #	Email Address

- Starting date of Toledo activities _____
- Are there now or will there be employees subject to Toledo income tax? Yes No
 Will you be filing monthly (withholding > \$200/month)? Yes No Payroll starting date _____
- Accounting period: Calendar Year? _____ or Fiscal Year Ending _____
- Nature of business _____
- If your address is not in Toledo, do you conduct business within Toledo city limits? Yes No

Corporate Officers:

<u>Name</u>	<u>Residential Address</u>	<u>Social Security #:</u>
President: _____		
Treasurer: _____		

Partners: (attach additional sheets if necessary):

<u>Name</u>	<u>Residential Address</u>	<u>Social Security #:</u>

Sole Proprietor: (including Single Member LLC):

<u>Name</u>	<u>Residential Address</u>	<u>Social Security #:</u>

Signature _____	Title _____
Printed Name _____	Date _____