

CITY OF TOLEDO



DIVISION OF TAXATION AND TREASURY

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 the reverse side of this letter. This questionnaire can be returned by facsimile at telephone number (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 tax 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 AC# Date:
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City of Toledo
Division of Taxation & Treasury
 One Government Center, Suite 2070. Toledo, OH 43604-2280. Office (419) 245-1662. FAX (419) 936-2318

Toledo Income Tax Questionnaire
FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN ESTABLISHING YOUR ACCOUNT

Business Type:

Sole Proprietorship (Schedule C filer)
 Partnership (Form 1065)
 Corporation (Form 1120/1120S)
 Association

Single Member LLC
 Voluntary Withholder (no Toledo operation)

_____ **FEDERAL TAX ID NO.**

_____ **SOCIAL SECURITY NO. OF OWNER/ CORPORATE OFFICER**

Business Name _____ Owner or Corporate Officer's Name _____

Business Address _____ Owner's/Corporate Officer's Home Address _____

Business City, State, Zip _____ Owner's/Corporate Officer's City, State, Zip _____

Business Phone _____ Owner's Phone No. _____ Alternate Phone No./Cell Phone _____

Business Fax _____ Email Address _____

Toledo Business Name _____ Partner's Name (Tax Matters Partner) **ATTACH LISTING OF NAMES, ADDRESSES, AND SOCIAL SEC. NO. OF ALL PARTNERS)**

Toledo Address, if different _____ Partner's Home Address (Tax Matters Partner) _____

Mailing Address (if different) _____ Partner's City, State, Zip (Tax Matters Partner) _____

Starting Date of Toledo Activities _____ Partner's Phone No. (Tax Matters Partner) _____

- Are there now or will there be employees subject to Toledo Income Tax? Yes _____ No _____
 Will you be filing monthly (withholding > \$1,000/month)? Yes _____ No _____ Payroll starting Date _____
- Accounting Period: Calendar Year? _____ or Identify Fiscal Year Ending _____
- Nature of Business _____
- Is local address the home office or a branch? _____
- If your address is not in Toledo, do you conduct business within Toledo City limits? Yes _____ No _____
- If you operate more than one place of business, give business name and location(s): _____

IF BUSINESS WAS OUTGROWTH OF ANOTHER, COMPLETE THE FOLLOWING

- Name of former Owner(s) _____
- Business Name _____
- Mailing Address _____
- Type of Organization: Sole Proprietorship _____ Partnership _____ Corp. _____ Association _____
- Nature of Change: Sale _____ Discontinuance _____ Change in Ownership _____ Other _____
- Accounting Period: Calendar Year _____ Fiscal Year Ending _____

Signature _____ Title _____

Printed Name _____ Date _____