

The City of Wilmington, Ohio

69 N South St. P O Box 786 Wilmington, OH 45177
Phone: (937)-382-1880 citytax@wilmingtonoh.org



Dear Business:

We welcome you to Wilmington as a new resident business. As a business operating within the City of Wilmington, it is important that you be aware of those areas of our Tax Ordinance that apply to you. The **Wilmington Income Tax, 1.5%**, is levied on salaries, wages (including sick and vacation pay), commission and other compensation, and the net profit from a business or profession.

With regards to business or professions it applies to any self-employed person, partnership, S Corporation, Corporation or other business entity within Wilmington or doing business in Wilmington. Filing for such is mandatory, which means an annual Wilmington tax return must be filed whether or not any tax is due. This return must be filed no later than four months after your fiscal year end.

Additionally, Section 172.04 of the Wilmington Income Tax Ordinance requires all employers to withhold 1.5% from the gross wages of employees working in Wilmington. You must pay the City the money you have collected for the previous month/quarter no later than fifteen days after the end of each calendar month.

Further, if your business has associates or sales people whose salary or other compensation does not require withholding, such as, those on commission or considered as self-employed or subcontractors, you must furnish this office with the names and addresses of such individuals.

To assist us and to assure that you receive the proper type of forms we would appreciate you completing the questionnaire and returning it to us.

If you have any questions, please call the Tax office at (937) 382-1880.

Thank you for your cooperation and compliance with the Wilmington Tax Ordinance.

Sincerely,

Marque Jones

Tax Commissioner

The City of Wilmington, Ohio

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BUSINESS INCOME TAX QUESTIONNAIRE

FEDERAL ID NUMBER: _____ COURTESY WITHHOLDING ONLY

NAME OF BUSINESS: _____

ADDRESS: _____
Street City State Zip Code

TAX/PAYROLL CONTACT PERSON: _____

PHONE: _____ FAX: _____ E-MAIL: _____

LOCAL ADDRESS (if different than above): _____
Street City State Zip Code

DATE BUSINESS STARTED IN WILMINGTON: _____

WORK FROM HOME EMPLOYEE WITHHOLDING

EMPLOYEE HOME ADDRESS: _____
Street City State Zip Code

EXPECTED NUMBER OF EMPLOYEES WORKING IN WILMINGTON: _____

WITHHOLDING REMITTANCE: MONTHLY SEMI-MONTHLY QUARTERLY

WITHHOLDING PAYMENT METHOD: MAIL PAYROLL SERVICE OHIO BUSINESS GATEWAY

PAYROLL SERVICE PROVIDER: _____ NO PAYROLL SERVICE COMPANY

APPROXIMATE AVERAGE MONTHLY PAYROLL: \$ _____

TRADE NAME (if any): _____ BUSINESS PRODUCT/SERVICE: _____

SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER, EXPLAIN: _____

END OF FISCAL YEAR: DECEMBER 31 OTHER: _____

LOCAL FACTORY OR OFFICE: OWNED RENTED

→ LANDLORD NAME AND ADDRESS: _____

CORPORATE OFFICERS OR PARTNERS:

NAME: _____ TITLE: _____

ADDRESS: _____

~Please return within 15 days to the Wilmington Tax Office. Thank you for your cooperation.~



ACCOUNT NUMBER REQUEST by:

Fax Mail E-mail

e-mail address: _____