



# City of Wilmington

## INCOME TAX BUREAU

P O BOX 786 Wilmington OH 45177

Phone: (937)-382-1880 Fax: (937)-382-3550

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, currently, 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, or find you cannot return this form within ten days, please call the Tax office at (937) 382-1880 or stop by... we are open from 8:00 a.m. to 4:00 p.m., Monday thru Friday.

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

Sincerely,

*Marque Jones*

Tax Commissioner

# BUSINESS CONFIDENTIAL INCOME TAX QUESTIONNAIRE

PLEASE PRINT

EIN# \_\_\_\_\_  Courtesy Withholding

Name of Firm \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Business started in the municipality (if courtesy give date it started) \_\_\_\_\_

Local Street Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name  Ms.  Mrs.  Mr. \_\_\_\_\_

Withholding Remittance  Monthly  Semi-Monthly  Quarterly

Payroll Service Provider: \_\_\_\_\_

Calendar Year: \_\_\_\_\_ or from \_\_\_\_\_ to \_\_\_\_\_

Nature of Business or principal product \_\_\_\_\_

Type:  Corporation  Partnership  Proprietorship

Number of Employees: Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

Approximate number of non-residents who travel for you \_\_\_\_\_

Approximate average monthly payroll \$ \_\_\_\_\_

Home Address of Any Non-Resident Partners: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Trade Name (If Any) \_\_\_\_\_

Factory or Office:  Owned  Rented Name & Address of Landlord: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**ACCOUNT NUMBER REQUEST by:**

Fax  Mail  Email

Email address: \_\_\_\_\_

**\*Please return within 10 days to:** Wilmington Income Tax Bureau  
P.O. Box 786  
Wilmington, Ohio 45177  
Fax: 937-382-3550  
citytax@wilmingtonoh.org