



City of Springfield
Division of Taxation
P. O. Box 5200
Springfield, Ohio 45502
Phone: (937) 324-7357
Fax: (937) 328-3471

BUSINESS - INCOME TAX QUESTIONNAIRE

The following information is required to properly establish your City of Springfield income tax account. Please answer all questions fully and return this form to the address above.

(PLEASE TYPE OR PRINT)

- =====
1. Type of Organization: Partnership _____ Corporation _____ S Corporation _____ Sole Proprietor _____
(Please check one) Nonprofit Organization _____ Other (Explain): _____
 2. Business Name _____ Federal ID No. _____
 3. Type of Business or Trade _____
 4. Local Business Address _____ Telephone (____) _____
 5. Mailing Address _____
 6. Email Address _____ FAX (____) _____
 7. Full Name of Owner(s) _____ Social Security No. _____
 8. Home Address _____ Telephone (____) _____
 9. Date activity started in City of Springfield, ____/____/____ Accounting Period: Calendar Year _____
or Fiscal Year Ending ____/____/____
 10. Do you own rental properties within the City of Springfield? Yes _____ No _____ If yes, please list property
addresses and date acquired (on back or separate attachment).
 11. Do you have employees working in the City of Springfield? No _____ Yes _____ If yes, what date did your
employee(s) start working in Springfield? ____/____/____
 12. Are you withholding **only** as a courtesy to employees who reside in the City of Springfield? No _____ Yes _____
If yes, what date did you first start withholding City of Springfield tax? ____/____/____
 13. Are you a Monthly or Quarterly withholder? M _____ Q _____. If your withholding remittance is more than
\$1,000.00 per quarter, you must remit withholding tax on a monthly basis.
 14. Do you utilize a payroll company? No _____ Yes _____ If yes, payroll company name _____
 15. Do you use Subcontractors? No _____ Yes _____. If you are using Subcontractors, for any portion of your business,
please indicate the name, address, and Federal ID number(s)/Social Security Number(s) of the company(ies) or
individual(s) who contracted with you for work performed in Springfield. (on back or separate attachment).
 16. If you have filed City income tax returns before, show name and address used and which year(s) were filed.

 17. If this is a change of ownership, give name, address, and telephone number of former owner:
_____ Date of change ____/____/____

Print Name: _____ Signature: _____ Title: _____

Date ____/____/____