

City of Springfield Division of
Taxation P. O. Box 5200
Springfield, Ohio 45501
Phone: (937) 324-7357
Fax: (937) 328-3471

NP Acct # _____
WH Acct # _____
(office use only)

www.springfieldohio.gov

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. Springfield Business Address _____ Local phone (_____) _____
5. Mailing Address _____ Corp phone (_____) _____
6. Email Address _____ FAX (_____) _____
7. Full Name of Owner _____ Social Security No. _____
8. Owner Home Address (if sole proprietor) _____ 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? No _____ Yes _____ 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 _____. As of 1/1/16, if your withholding remittance is more
than \$200 per quarter, you must remit monthly.
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 ____/____/____
18. Worksite/job location: _____

Print Name: _____ Signature: _____ Title: _____

Date ____/____/____

(Rev 10/15)