

City of Springfield  
Division of Taxation  
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Springfield, Ohio 45501  
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**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)

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

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 (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_
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. Local Worksite/job location: \_\_\_\_\_
13. 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? \_\_\_\_/\_\_\_\_/\_\_\_\_
14. Withholding frequency? Q \_\_\_\_\_ M \_\_\_\_\_ SM \_\_\_\_\_. As of 1/1/16, if your withholding remittance is more  
than \$200 per month, you must remit monthly; if more than \$1000 per month, you must remit semi-monthly.
15. Do you utilize a payroll company? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, payroll company name \_\_\_\_\_
16. 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).
17. If you have filed City income tax returns before, show name and address used and which year(s) were filed.  
\_\_\_\_\_
18. If this is a change of ownership, give name, address, and telephone number of former owner:  
\_\_\_\_\_ Date of change \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_