PLEASE COMPLETE ENTIRE FORM

CITY OF HAMILTON INCOME TAX DIVISION 345 High Street, Suite 310 Hamilton, Ohio 45011	**NEW ACCOUNT APPLICATION / BUSINESS QUESTIONNAIRE** CHECK APPROPRIATE CITY ☐ HAMILTON – 2% ☐ PHILLIPSBURG – 1.5% ☐ J.E.D.D. – 2% ☐ NEW MIAMI – 1.75% ☐ NEW PARIS – 1.0% ☐ J.E.D.D. II – 2% ☐ BUTLER COUNTY ANNEX - 2% **USE A SEPARATE FORM FOR EACH CITY**	Phone: 513 785-7400 Toll Free: 1 800 854-1684 Fax: 513 785-7401 Email: citytax@ci.hamilton.oh.us Website: www.hamilton-city.org/tax

Please assist us in completing your account information. If you should have any questions while completing this form, please contact our office. Mail or fax within 10 business days. Thank you for your cooperation.

1. Name _____ Phone # _____
2. Trade Name (DBA) _____ Fax # _____
3. Federal ID # or Soc Sec # _____ Email _____
4. Address _____
5. Name and address where tax forms are to be sent (if different from above)
   _____
6. Does your company use a third party to process payroll? ☐ Yes ☐ No
   If yes, who? _____
7. Check whichever is applicable:
   ☐ Indiv. Proprietorship (Sch C) ☐ Non-profit organization
   ☐ Partnership ☐ Corporation
   ☐ Other (explain) _____
8. When does your fiscal year end? Give month and day
   (Note: a fiscal year ending must be the same as your federal return.) _____
9. Give date business and/or withholding began in this city _____
   (Note: If you are only withholding as convenience, give beginning date of that withholding)
10. Do you have employees working in the city indicated at the top of this form?
    ☐ Yes - If yes, Approximate # _____ ☐ No
    If yes - Address WHERE work is being done: _____
11. Is your company **only** withholding city income tax as a convenience for resident employees?
    ☐ Yes (Go to Signature Line) ☐ No (Complete entire form)
12. Will you be using subcontractors? ☐ Yes - If yes, Approximate # _____ ☐ No
    If yes, submit a list of all subcontractors to citytax@ci.hamilton.oh.us or by fax to 513-785-7401 (Include: Business name, Address, Contact name, Phone # and Nature of work being performed).
13. Nature of the companies work: (Check all that apply)
    ☐ Supplying Materials ☐ Installation ☐ Construction ☐ Professional (architect, accountant, engineering, or lawyer)
    ☐ Other - Describe in Detail _____
14. If a partnership, please give name, address, and social security numbers of all partners.
    if more space is required, you may submit the listing to citytax@ci.hamilton.oh.us
    _____
    _____
15. If you operate more than one place of business or own rental property, please give name and/or location of each. If more space is required, you may submit the listing to citytax@ci.hamilton.oh.us
    _____
    _____

Contact Person _____ **Date** _____ **Phone #** _____