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### Income Tax Department BUSINESS REGISTRATION FORM

**Income Tax Rate: 1.85%**

In order to establish a new account with the City of Delaware Income Tax Department, or to update the current information on your account, please complete this form. The information provided is confidential and will not be released.

Business Name: \_\_\_\_\_ FEIN (or SSN if Sole Proprietor): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Delaware Location Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Principle Business Activity: \_\_\_\_\_

Name of Payroll Company, if applicable: \_\_\_\_\_

Name of employee leasing company used, if applicable: \_\_\_\_\_ FEIN: \_\_\_\_\_

Type of Ownership (check all that apply):		
<b>Sole Proprietorship</b>	<b>Limited Liability Co</b>	<b>Legal Partnership</b>
<b>Corporation</b>	<b>Sub-Chapter S Election</b>	

#### COMPLETE SECTION A OR SECTION B:

**A** This company/individual DOES NOT conduct business in the City of Delaware. Tax withheld is paid on behalf of employees who LIVE in Delaware (courtesy withholding). Date withholding begins: \_\_\_\_\_

Provide employee name(s) and address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B B** This company/individual conducts business in the City of Delaware. Start date: \_\_\_\_\_

Delaware worksite address(es): \_\_\_\_\_

And withholds tax for employees working in Delaware as of: Date \_\_\_\_\_

Calendar year or fiscal year? If fiscal, provide year end date: \_\_\_\_\_

Do you pay independent or sub contractors for service performed in Delaware? If yes, you must attach a listing to include name, address and SSN/FEIN.

Regarding real estate located within the City, do you occupy real property that you rent from others? If

If yes, to whom is rent paid? Name and address:

Do you own rental property in Delaware? If yes, attach a list of properties owned.

If this account should be deactivated, give effective date (M/D/Y): \_\_\_\_\_ and full explanation.