

CITY OF KETTERING • INCOME TAX DIVISION

P.O. Box 293100 • Kettering, OH 45429
 Phone: 937.296.2502 • Fax: 937.296.3242
 www.ketteringoh.org

**BUSINESS INCOME TAX
REGISTRATION**

Date: _____

Kettering Account Number: _____

Please complete this income tax questionnaire and return it to our office by the due date stated above. You may mail or fax your completed questionnaire to our office. Forms and additional information may be obtained by visiting our website.

1. Type of Organization: _____ Partnership _____ Corporation _____ S-Corporation _____ Nonprofit _____ LLC
 Which Federal Form Do You File: _____ Form 1120 _____ Form 1120S _____ Form 1065 _____ Schedule C

2. Business Name _____

Federal ID # _____ or Social Security # (If Self Employed) _____

3. Nature of Business or Trade _____ Telephone _____

4. Local Business Address _____

5. Mailing Address (If different from above address) _____

6. Email Address _____

7. Date activity started in City of Kettering ____/____/____ Date activity terminated in City of Kettering ____/____/____

Accounting Period: Calendar Year _____ or Fiscal Year Ending ____/____/____

8. Do you have employees working in the City of Kettering? _____ No _____ Yes

If yes, when did your employee(s) start working in the City of Kettering? ____/____/____

If no, will you have employees working in the City of Kettering in the future? _____ No _____ Yes

Date employees will begin working in the City of Kettering ____/____/____

9. Approximate number of employees subject to City of Kettering Income Tax: _____

10. Are you withholding only as a courtesy to employees who reside in the City of Kettering? _____ No _____ Yes

If yes, what date did you first start withholding City of Kettering tax? ____/____/____

11. Are you using a payroll company? _____ No _____ Yes; If yes, please provide your payroll processor: _____

12. Do you use Subcontractors? _____ No _____ Yes

Please note: All taxpayers who report payments to individuals (who are not employees) on Form 1099-Misc. for services performed shall also report payments to the City when the services were performed in Kettering or when the payments are made to a Kettering resident.

13. Does your business include any rental activity? _____ No _____ Yes

If yes, please list property addresses and date acquired (on back or separate attachment).

14. If you are a Partnership, S-Corporation or other unincorporated joint venture, list names, addresses and social security or federal I.D. numbers of all partners, associates, or members in venture (attach additional sheets if necessary).

15. If you have filed City of Kettering income tax returns in prior years, please provide name and address used and year(s) filed:

16. If there has been a change of ownership, please give name and address of former owner: _____

Print Name: _____ Signature: _____

Title: _____ Phone _____ Date ____/____/____