



FORM IT-4002

BUSINESS/WITHHOLDING INCOME TAX QUESTIONNAIRE

This form is used to establish a Xenia City income tax account for filing a business tax return and/or an income tax payroll withholding account

The City of Xenia does NOT administer School District Tax

Division of Income Tax PO Box 490 Xenia, OH 45385-0490 Phone: 937-376-7248 Fax: 937-376-8914 Secure Email available on our website www.eXploreXenia.com

- 1. Business Name Federal ID No:
2. Physical Address City State Zip
3. Phone No: Email Address:
4. Mailing Address: (If different than above) City State Zip
5. Accounting Period: Calendar Year Fiscal Year Month ending
6. Owner of Business SSN of Owner
Name and address of owner(s), all partners or principal corporate officers:

7. Is this a change of ownership, give name and address of former owner: Date of change: Name: Address City State Zip

8. Will the company be conducting business in (or for) the City of Xenia? Yes No \*\*\* if no skip to #12

9. When will business begin in Xenia? / /

10. Will you have employees working in the City of Xenia? Yes No Withholding is required for all employees at 2.25% of gross wages earned in Xenia. If withholding exceeds \$200 a month, you are required to remit the taxes monthly.

11. Are you are a contractor Yes No or a sub-contractor Yes No If yes, attach a listing of names, addresses, and Federal ID number(s) or SSN(s) of party from whom contracted or sub-contracted. (Copies of 1099's or a statement containing the same information must be submitted no later than February 28th)

12. Are you withholding Xenia City Tax for a resident (as a courtesy only)? Yes No \*\*\*If no, skip to #14\*\*\*

13. Date of first withholding: / /

List the names and address below, so that we may verify the address is in the city limits (or attach a list) \*An individual may have a Xenia address but live outside the city limits and therefore not subject to Xenia income tax.

Table with 2 columns: Name of Employee, Address

14. Are you using a payroll company? Yes No If yes, provide the name of the company and contact information:

Payroll Company Contact Name Contact Phone Number: ( ) -

Your Name: (please print) Phone Number: ( ) -

Signature: (or email in lieu of signature) Date: / /

You can FILE AND PAY YOUR PAYROLL TAXES VIA OHIO BUSINESS GATEWAY or tax forms and withholding remittance forms may be obtained on our website at www.eXploreXenia.com.