

CITY OF OREGON - DEPARTMENT OF TAXATION

5330 SEAMAN ROAD OREGON, OH 43616
(419)698-7034 incometax@oregonohio.org

BUSINESS QUESTIONNAIRE

Name: _____ FEDERAL I.D. #: _____

ADDRESS: _____ SOCIAL SECURITY #: _____

BUSINESS PHONE: _____

Section 193.03 of the Codified Ordinances of the City of Oregon imposes a tax at the rate of two and one-quarter (2.25%) on:

A) All salaries, wages, commissions and other compensation earned within the corporate boundaries of the City. Each employer within or doing business within the City, who employs one or more persons on a salary, wage, commission, or other compensation basis, shall at the time of payment thereof, deduct the tax and remit in accordance with regulations defined in the ordinance, to the Commissioner of Taxation.

B) The portion of net profits attributable to the City of Oregon of a business, profession, enterprise or other activity.

1. NATURE OF BUSINESS: _____

2. Starting date of activities in Oregon (or start date of withholding for an Oregon resident): _____

3. Number of employees to be employed in the City of Oregon: _____

4. If address shown above is a branch office, show name and address of home office, or vice versa.

5. Is withholding done in-house _____, or by a third-party payroll company _____?
If done in-house, our withholding forms can be found on-line at www.oregonohio.org. If withholding is less than \$200 per month, quarterly withholding can be done. If greater than \$200 per month, monthly withholding is required.
Your FEIN serves as your account number.

6. Type of Business Organization: ___ Corporation ___ Proprietorship ___ Partnership ___ Other

If business is a Partnership, list names & addresses of Partners _____

If you checked "Other" in question 6, please explain the type of organization _____

7. Date of accounting year-end: _____

8. If you are withholding Oregon city tax as a courtesy for employees who do not work in Oregon, but do reside in Oregon, please check here: _____

I certify the above to be true and correct:

(Authorized Representative)

(Title)

ACKNOWLEDGEMENT OF INCOME TAX POLICIES

The City of Oregon has an income tax ordinance that requires any contractor to register with the Income Tax Department and set up the following two accounts:

1. Withholding account – The Oregon Income Tax Administrative Code requires each employer within or doing business within the City who employs one or more persons, to withhold the tax of 2.25% from all salaries, wages, commissions, incentive payments, sick pay, bonuses, and other compensation earned or received within the City **by residents and nonresidents alike**. The employer is required to remit the tax to the City Income Tax Department on or before the last day of the month following the quarterly period in which the withholding deduction was made. An employer deducting taxes in the amount of \$200 or more per month is required to remit the taxes on a monthly period, on or before the fifteenth day of the following month.
2. Business account – The business itself is required to file a yearly tax return on its net profit or loss, using the Schedule Y business allocation formula on the back of the city return to determine the portion that is taxable to the City of Oregon.

Accounts can be set up and additional information obtained by contacting the Income Tax Department directly at 419-698-7034 or incometax@oregonohio.org .

I hereby certify that I agree to abide by the rules set forth above (explained in full detail in Chapter 193 of the Codified Ordinances of Oregon, Ohio). I also agree to provide the Department of Income Tax with a list and contact information of any subcontractors employed for this project.

CONTRACTOR

By _____

By _____

SWORN TO before me and subscribed in my presence this _____ day of _____, 20____.

NOTARY PUBLIC



**City of Oregon
Income Tax Division**
5330 Seaman Rd
Oregon, OH 43616
(419)698-7034
incometax@oregonohio.org

Contractor/Subs Income Tax Information Form

All contractors and subcontractors must be identified. Withholding and business income tax is due for work actually performed within the City. Please use the following form.

General Contractor

Company Name _____
Address (if P.O. Box, must include also physical address) _____

City _____ State _____ Zip _____
Payroll contact _____ Net profit tax contact _____
FEIN or SS number _____
Telephone number (____) _____
Fax number (____) _____ Email: _____

Subcontractors – *If you are unsure the exact subcontractor to be used, please list the likely subcontractor and update with the actual subcontractor used if awarded the contract.*

1. Company name _____
Address (if P.O. Box, must include also physical address) _____
City _____ State _____ Zip _____
Payroll contact _____ Net profit tax contact _____
FEIN or SS number _____
Telephone number (____) _____
Fax number (____) _____ Email: _____

2. Company name _____
Address (if P.O. Box, must include also physical address) _____
City _____ State _____ Zip _____
Payroll contact _____ Net profit tax contact _____
FEIN or SS number _____
Telephone number (____) _____
Fax number (____) _____ Email: _____

Use additional page if necessary