

CITY OF WYOMING  
INCOME TAX DIVISION  
800 Oak Avenue  
Wyoming, OH 45215

NEW ACCOUNT APPLICATION / BUSINESS QUESTIONNAIRE



Phone: 513.821.9731  
Fax: 513.821.7962

Website: [www.wyomingohio.gov](http://www.wyomingohio.gov)  
Email: [incometax@wyomingohio.gov](mailto:incometax@wyomingohio.gov)

PLEASE COMPLETE ENTIRE FORM

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 this form 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 sent (if different from above): \_\_\_\_\_

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6. Does your company use a third party to process payroll?  Yes  No  
If yes, who? \_\_\_\_\_
7. Check whichever is applicable:  Individual Proprietorship (Sch. C)  Non-profit Organization  Partnership  Corporation  
 Other (explain): \_\_\_\_\_
8. When does your fiscal year end? \_\_\_\_\_ (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 the City of Wyoming: \_\_\_\_\_  
*(Note: if you are only withholding as convenience, give beginning date of that withholding)*
10. Do you have employees working in the City of Wyoming ?  
 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 (If yes, verify the address is within the City of Wyoming limits by using the County Auditor's website: [www.hamiltoncountyauditor.org](http://www.hamiltoncountyauditor.org))  
 No (Complete entire form)
12. Will you be using subcontractors?  
 Yes – Approximate #: \_\_\_\_\_  No  
If Yes, submit a list of all subcontractors to [incometax@wyomingohio.gov](mailto:incometax@wyomingohio.gov) or by fax to 513.821.7962  
*(Include: Business name, Address, Contact name, Phone #, and nature of work being performed)*
13. If partnership, please give name, address, and social security numbers of all partners.  
If more space is required, you may submit the listing to [incometax@wyomingohio.gov](mailto:incometax@wyomingohio.gov)

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14. 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 [incometax@wyomingohio.gov](mailto:incometax@wyomingohio.gov)

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Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_