

**CITY OF KETTERING
BUSINESS INCOME TAX REGISTRATION**

Kettering Acct. #: _____

COMPLETE THIS FORM AND SEND TO:
City of Kettering Income Tax Division
P.O. Box 293100 – Kettering, OH 45429
Phone (937) 296-2502 Fax: (937) 296-3242
E-mail: Ketteringtax@ketteringoh.org
Website: www.ketteringoh.org

Type of Business Entity (Please check one)

___ Corporation (1120)	___ S-Corporation (1120S)	___ Partnership (1065)	___ Sole Proprietor Sch. C
___ Non-Profit 990	___ Trust (1041)	___ Domestic Help	___ Other (<i>specify</i>)

Which Federal Form Do You File: ___ 1120 ___ 1120S ___ 1065 ___ Federal Schedule C ___ 1041

Company Name: _____ Federal EIN#: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Business Address in Kettering: _____
 Phone #: _____ Email Address: _____
 Nature of Business: _____ Calendar Yr. ___ or Fiscal Yr. Ending on __/__/___
 Tax/Payroll Contact Person(s): _____ Phone #: _____
 Business activity began in City of Kettering: __/__/___ Activity terminated in City of Kettering: __/__/___

PLEASE CHECK THE APPROPRIATE BOX:

- Employees work within the city limits of Kettering. (Withholding rate is 2.25%)
- Business performs no work in the City of Kettering. We will be withholding taxes from residents as a courtesy.
- NO EMPLOYEES work in the City of Kettering.
- Subcontractors are used. [All taxpayers who report payment to individuals (who are not employees) on Form(s) 1099-MISC or 1099-NEC must remit copies to the City when the services were performed in Kettering or payments made to a Kettering resident.]

REMOTE EMPLOYEES: Effective January 1, 2022, employers are required to withhold municipal income tax where an employee's work is actually performed, for each portion of a day worked in any taxing municipality where the employee performs services for the employer.

Are you using a Payroll Service/Employee Leasing Co.: ___ Yes ___ No Service/Co. Name: _____
 Authorized Contact: _____ Phone #: _____

PLEASE PROVIDE YOUR PAYROLL SERVICE WITH THE ASSIGNED KETTERING ACCOUNT NUMBER.

REMITTANCE: ___ Quarterly (under \$200.00/mo.) ___ Monthly (over \$200.00/mo.)

CORPORATE OFFICERS OR PARTNERS: (If more than one attach list)

Name: _____ Title: _____

SOLE PROPRIETORSHIP (including Single Member LLC):

<u>Owner's Name</u>	<u>Residential Address</u>	<u>Soc. Sec. #</u>
_____	_____	_____

If change of ownership, provide date of change, name, address and phone # of former owner:

PRINT NAME: _____ SIGNATURE: _____
 TITLE: _____ PHONE #: _____ DATE: _____