

CITY OF KETTERING
BUSINESS INCOME TAX REGISTRATION

Kettering Acct. #: _____

Due Date: _____

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)

<input type="checkbox"/> Corporation (1120)	<input type="checkbox"/> S-Corporation (1120S)	<input type="checkbox"/> Partnership (1065)	<input type="checkbox"/> Sole Proprietor Sch. C
<input type="checkbox"/> Non-Profit 990	<input type="checkbox"/> Trust (1041)	<input type="checkbox"/> Domestic Help	<input type="checkbox"/> Other (specify)

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: _____