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CITY OF KETTERING
BUSINESS INCOME TAX REGISTRATION

Kettering Acct. #: _____

Account Number will be assigned upon receipt of completed registration form.

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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 (*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):

Owner's Name	**Residential Address**	**Soc. Sec. #**
_____	_____	_____

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

PRINT NAME: _____   **SIGNATURE:** _____

TITLE: _____   **PHONE #:** _____   **DATE:** _____