



City of NAPOLEON, OHIO

INCOME TAX DEPARTMENT

255 WEST RIVERVIEW AVENUE – P.O. BOX 151
NAPOLEON, OHIO 43545-0151
PHONE: 419-599-2821 – FAX: 419-592-6748
E-MAIL: naptax@napoleonohio.com
CITY WEBSITE: napoleonohio.com/finance.html

Dear Employer:

The City of Napoleon has an income tax rate of one point five percent (1.5%). This refers to **Qualifying Wages** and **Net Income Earned** in the City of Napoleon city limits. Please complete and return the enclosed questionnaire promptly to the above address so that an account may be established in your company's name.

The filing deadlines for withholding tax are as follows:

| <u>Quarter Filing</u> | <u>Quarter Due Date</u> |
|-----------------------|-------------------------|
| January - March | April 15 |
| April - June | July 15 |
| July - September | October 15 |
| October - December | January 15 |

DEPOSIT REQUIREMENTS:

QUARTERLY - If tax withheld or required to be withheld is less than \$200 per month, remittance is due by the above dates.

MONTHLY - If tax withheld or required to be withheld is equal to or greater than \$200 for any month of prior quarter or exceeded \$2,399.00 in the prior year, remittance is due by the fifteenth (15th) day of the following month.

The W2 reconciliation and any 1099-Misc issued for work performed in Napoleon are due on the last day of February.

If you have any questions, please feel free to call the number listed above.

Thank you for your cooperation.

City of Napoleon Income Tax Department



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TAX RATE 1.5%

Please complete and return this questionnaire so that our records will correctly reflect your tax compliance obligations in this city, and we can provide proper forms in a timely manner. Thank you.

1. Complete Business Name _____
2. Federal Identification # _____ Individual Filing – SS# _____
3. Trade Name (if different than business name) _____
4. Local address _____
5. Local phone number _____
6. Will you have company employees working in our city limits? _____
 a. Is this a courtesy withholding? _____ (if yes, go to 11)
7. Will you have any subcontractors working for you in our city limits? _____
 If yes, please attach list (including names, addresses, and phone numbers)
8. Nature of Business _____
9. a. Location of job in Napoleon city limits _____
 b. Start date of job in Napoleon city limits _____
 c. Start date of business in Napoleon city limits _____
10. Accounting period: Calendar Year _____ Fiscal Year Ending _____
11. Accountant name and address _____ Phone () _____
12. Type of organization:
 Individual Proprietor _____ (go to part a) Partnership _____ (go to part b)
 Individual Proprietor LLC _____ (go to part a) Corporation _____ (go to part c)
 Non-Profit Corporation _____
 a. If individual proprietor, give owner's name and address: _____

 b. List partners below:

| | <u>Name</u> | <u>Address</u> | <u>Social Security #</u> | <u>% Distribution</u> |
|----|-------------|----------------|--------------------------|-----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

 c. If corporation please list: Charter Number _____
 Statutory Agent, President, Vice President(s), Secretary, Treasurer, and Addresses

 If corporate subsidiary, give name and address of parent company main office: _____

13. Address to which tax forms are to be mailed:

| | |
|--|--------------------------------------|
| Send business net profit tax return form to: | Send withholding report tax form to: |
| Name _____ | Name _____ |
| Care of _____ | Care of _____ |
| Street Address _____ | Street Address _____ |
| City _____ State ____ Zip _____ | City _____ State ____ Zip _____ |

The information hereby submitted is true and correct – signature:

Name (if individual) _____ Company _____
 E-MAIL _____
 Date Signed _____ By _____ Title _____