



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: www.napoleonohio.com

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 30
April - June	July 31
July - September	October 31
October - December	January 31

The W2 reconciliation and any 1099-Misc issued for work performed in Napoleon are due on February 28.

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

Thank you, in advance, 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:

Name	Address	Social Security #	% Distribution
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
 - c. If corporation please list: Charter Number _____
 Statutory Agent, President, Vice President(s), Secretary, Treasurer, and Addresses

If incorporate 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 _____
 Date Signed _____ By _____ Title _____
 E-mail address _____