



City of Dover

Income Tax Department

122 E Third St - Dover OH 44622

Mon – Fri 8:00 am – 4:30 pm 330-343-6299

BUSINESS QUESTIONNAIRE/WITHHOLDING ACCOUNT APPLICATION

Please complete the application & mail or fax to: (330) 602-2053 Scan & email to tax1@doverohio.com

The City of Dover imposes an income tax of 1.5% (.015) on all qualifying wages, salaries, commissions, other compensation and other taxable income earned or received by **residents** 18 years or older. Non-residents are taxed at the same amount for work done or services performed or rendered within the municipality. The 1.5% tax also applies to net profits of corporations, individuals, partnerships and unincorporated businesses engaged in business activity within the municipality.

Business Name _____ Address _____

City/State/Zip _____

Federal ID# _____ Phone# _____

Contact Person _____ Email _____

Business Description _____

On what date did business begin in Dover ___/___/___

IRS Accounting Period (check one) ___ Calendar Year end Dec 31 ___ Fiscal Year end date _____

Number of employees subject to Dover tax ___ Do you anticipate hiring additional employees ___ YES ___ NO

Do you employ sub-contractors or other workers who are subject to city income tax ___ YES ___ NO

If yes, please attach a list with their names, addresses and social security number

TYPE OF BUSINESS OWNERSHIP (CHECK ONE)

Individual Proprietorship (owner's SS# _____) Corporation
 Partnership LLC Non-Profit Corporation Association Other (please explain below)

If the Dover Income Tax Net Profit Return is filed as a partnership, association or other unincorporated joint business venture, how will the balance due be paid?

Paid in Full by the Business Paid Separately by the Individual Members

Please list the name(s) and address(es) of the owner(s) of the individual proprietorship or partnership:

Name _____ Address _____

Name _____ Address _____

If additional space is required, please attach separate documents



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WITHHOLDING ACCOUNT APPLICATION

How will you report employee withholding to the Dover City Income Tax Department?

Monthly Quarterly Is this Courtesy Withholding YES NO

WE WILL REPORT & NEED FORMS

Name of person reporting _____ Phone# _____

Address/City/State/Zip _____

Email _____

THROUGH A PAYROLL SERVICE

Name of Payroll Service _____

Contact Person _____ Phone# _____

USING OHIO BUSINESS GATEWAY (OBG)

If filing through OBG, please use the account number that we assign to your business.

Who will prepare your annual net profit/loss return that will be filed with our office?

Fiscal Officer Accounting Firm/CPA Tax Preparer Other

Name _____ Address _____

City/State/Zip _____

Contact # _____ Email _____

Thank You and Welcome to Dover

Your tax dollars are used to fund fire, police protection and other vital city services