

# VILLAGE OF STRASBURG INCOME TAX DEPARTMENT

224 North Bodmer Avenue Strasburg, OH 44680

(330) 878-7213 • Fax (330) 878-0145

The Strasburg Village Income Tax Ordinance imposes a tax of one and ½ percent (.015) on wages, salaries, commissions or other compensation paid to employees for work done or services performed in the Village of Strasburg. This ordinance also requires employers to withhold this tax from earnings of the employee.

The ordinance also imposes a tax at the same rate on net profits of individuals, partnerships, or unincorporated businesses and professions, as well as corporations engaged in business activity in the Village of Strasburg.

1. Business Name \_\_\_\_\_ Federal ID# \_\_\_\_\_

Location \_\_\_\_\_

2. Date you started doing business in Strasburg \_\_\_\_\_

3. Nature of business conducted \_\_\_\_\_

4. Accounting period used for Federal Income Tax Purposes: (check one)

Calendar Year ending December 31 \_\_\_\_\_ Fiscal Year ending \_\_\_\_\_

5. Number of employees \_\_\_\_\_ Do you anticipate future employees? \_\_\_\_\_

6. Do you at any time, employ persons who are subject to the Strasburg Income Tax and from who you do not withhold the city tax, i.e. contract labor, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, attach a list showing names and addresses of these individuals.

7. Type of ownership: (check one)

\_\_\_\_\_ Individual Proprietorship — Owner's SS# \_\_\_\_\_

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

\_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_ Association

\_\_\_\_\_ Other — Explain \_\_\_\_\_

8. If partnership, association or other unincorporated joint business venture, indicate how the Strasburg Income Tax Return will be filed and paid upon the net profit. (check one)

\_\_\_\_\_ In full by the business \_\_\_\_\_ Separately by the individual members

9. If partnership or individual proprietorship, give owner's name and address:

\_\_\_\_\_  
Note: If sufficient space has not been provided, please attach separate lists.

I O. Address to which tax forms are to be mailed:

Business Net Profit Tax Returns

Withholding Report Tax Forms

Name

Name

c/o

c/o

Address

Address

I I . Do you operate any other businesses within the Village of Strasburg? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list those located within the village:

\_\_\_\_\_

12. Person to contact if additional information is needed:

Name

Title

\_\_\_\_\_  
Phone Number

\* You may fax this information to (330) 878-0145