

CITY OF DELPHOS
INCOME TAX DEPARTMENT
608 NORTH CANAL STREET
DELPHOS, OH 45833
419-695-4010

Please send Form A documents to incometax@cityofdelphos.com

THE FOLLOWING INFORMATION WILL AID US IN PREPARING FORMS FOR YOUR USE IN COMPLYING WITH THE DELPHOS CITY INCOME TAX ORDINANCE. ANSWER ALL QUESTIONS FULLY AND RETURN THE COMPLETED FORM TO OUR OFFICE WITHIN TEN (10) DAYS FROM RECEIPT. ALL INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED FOR INCOME TAX PURPOSES.

1. Trade name of business _____
Address _____ Phone Number _____
2. Is above location main or branch office? _____ If branch, give name & address of main office
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
3. Nature of business conducted _____
4. Date started (or acquired) in the City of Delphos _____
5. Name and address of previous owner (if any) _____
6. Accounting period used for Federal Income tax purposes. Check which:
_____ Calendar year (12/31) _____ Fiscal year ending _____ (be sure to write in date)
7. Who prepares your tax returns? _____
8. Type of ownership. Check which:
_____ Sole proprietorship. Name of owner _____
Give your residence address, city _____
Your SS# _____ and/or Federal ID# _____
_____ Corporation. Give your Federal ID# _____
_____ Partnership. Give your Federal ID# _____
Attach names, residence address and Social Security numbers of each partner.
_____ Non-profit corporation. Give your Federal ID# _____
9. Do you employ one or more persons working in the City of Delphos? _____ (past or present)
If you do not employ anyone now, do you expect to do so within 6 months? _____
Do you pay independent or sub-contractors for service performed in Delphos? _____
If so and you are not withholding Delphos tax from the independent or sub-contractors, attach a list showing names and addresses of those people you are paying.
10. The information hereby submitted, including any accompanying lists and statements, is true and correct.

Signature _____ Title _____
Phone Number _____ Date _____