



THE CITY OF HILLSBORO, OHIO

Drew Hastings, Mayor ~ Mel McKenzie, Safety and Service Director

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

Dear Prospective Taxpayer:

We have information that you are or will be doing business in the city of Hillsboro,

The city income tax is on the net profits of all business conducted in the city of Hillsboro, and also on qualifying wages of all persons who are employed by you while working in the city.

Employers are responsible for withholding the city income tax of 1 ½% from qualifying wages of their employees and for remitting payments quarterly on forms to be provided by this office. Quarterly payments must be made on all taxes withheld. They are payable by the end of the month following the end of the quarter, namely, in the months of April, June, September and December. A reconciliation form will be supplied at the end of the year to be filled out and returned to us with W-2's included.

We are enclosing a confidential questionnaire, which we ask that you fill out and return to us within one week. All necessary forms will be sent to you upon receipt of the questionnaire.

If you have any questions pertaining to the income tax, please do not hesitate to call or write. Our office is open Monday through Friday, 8:00 a.m. to 4:30 p.m.

Sincerely,

HILLSBORO INCOME TAX BUREAU

Hillsboro Income Tax Bureau

Phone 937-393-3848 | Fax 937-393-0590

Mayor's Office P (937) 393-5219 · Auditor's Office P (937) 393-5791

www.hillsboroohio.net

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HILLSBORO INCOME TAX BUREAU

The following information will aid us in preparing forms for your use under Title Three, Chapter 35 of the City of Hillsboro, Code of Ordinances. Kindly answer all questions fully and mail this questionnaire to Hillsboro Income Tax Bureau at 130 N. High Street, Hillsboro, Ohio 45133. Your compliance with this request within five (5) days will be greatly appreciated.

NAME _____ PHONE () _____

TRADE NAME (IF ANY) _____

HILLSBORO JOB LOCATION _____

FEDERAL IDENTIFICATION NUMBER _____

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT

Check which pertains:

Individual Proprietorship _____ Partnership _____ Corporation _____

Non-Profit Organization _____ Other _____

Do you have employees who will be working in the city and subject to the city tax?

Yes _____ No _____ Approximate number _____

Does your accounting period end on December 31st? _____ (calendar year)

If a fiscal year, give day and month your fiscal year ends. _____

NOTE: (fiscal year ending must be same as used for Federal Income Tax Purposes.)

Give beginning date of doing business in the City of Hillsboro _____

Please list names & addresses of all subcontractors working on this job.

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