



# THE CITY OF HILLSBORO, OHIO

Justin Harsha, Mayor ~ Patty Day, City Auditor ~ Brianne Abbott, 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.

Estimated payments are required if your estimated tax liability (after credits and withholding) for the year is \$200 or more. Estimated percentage and due dates are as follows:

22.5% on/before the 15th of the 4th month for the Tax Year
45% on/before the 15th of the 6th month for the Tax Year
67.5% on/before the 15th of the 9th month for the Tax Year
90% on/before the 15th of the 12th month for the Tax Year

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, quarter ending March is due in April, quarter ending June-due July, quarter ending September-due October, quarter ending December-due January. A reconciliation form will be supplied at the end of the year which must be filled out and returned to us with W-2's included.

House Bill 5 prescribes an income tax employer withholding schedule for all municipal corporations. Taxes must be remitted monthly if collected taxes exceed \$2,399 in the previous calendar year; or exceeded \$200 in any month during the previous calendar quarter. Otherwise, tax must be submitted quarterly. We may require that taxes be remitted semimonthly if withheld taxes exceed \$11,999; or \$1000 during any month throughout the prior year. Taxpayers who have an annual tax liability to the city that is under \$200.00 may pay annually.

House Bill 5 also changes the "casual" entrant exemption that was previously in place, increasing the number of days, from 12 to 20 per year. This allows an individual to work in a non-principle locality without incurring an income tax liability in that location.

We are enclosing a confidential questionnaire, which we ask that you fill out and return to the Income Tax Department 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. Our office is open Monday through Friday, 8:00 a.m. to 4:30 p.m.

**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](http://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 & 35A of the City of Hillsboro, Code of Ordinances. Kindly answer all questions fully and **mail or fax (to the number listed below) 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. \*If you wish for a call back of account number, please indicate at the bottom of the page.

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_

TRADE NAME (IF ANY) \_\_\_\_\_

HILLSBORO JOB LOCATION \_\_\_\_\_

BRIEF SUMMARY OF WORK \_\_\_\_\_

**ESTIMATED # DAYS ON JOB** \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME & ADDRESS WHERE TAX FORMS ARE TO BE SENT

**Check which pertains:**

Individual - Proprietorship - Partnership - Corporation - Non-Profit Organization - Other

**Remittance frequency:** Quarterly - Monthly - Semi-Monthly (Refer to attached letter)

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate number \_\_\_\_\_

**Do you have employees who live in the city and you are withholding as a courtesy to them?** Yes/No

Please provide their address. (For our verification that the address is in the city and subject to city tax)

**Does your accounting period end on December 31<sup>st</sup>?** \_\_\_\_\_ or other: Day \_\_\_\_\_ Month \_\_\_\_\_

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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*PLEASE CONTACT \_\_\_\_\_ AT \_\_\_\_\_

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