



## BUSINESS ACCOUNT REQUEST

**NOTE: This form is for use by business entities based in the City of Springboro or conducting business operations within Springboro for more than 20 days during the calendar year. If your business is not located in Springboro and you are trying to establish withholding for an employee who resides or works in our city, please use our "Withholding Account Request" form, instead.**

Thank you for providing us the information we need to set up your account for tax filing. Please complete this form and return it to us by mail or fax; or, if you prefer, upload it to the electronic dropbox on our website at [www.cityofspringboro.com](http://www.cityofspringboro.com).

Name \_\_\_\_\_

DBA Name (if different) \_\_\_\_\_

Location address where work is performed \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Date you started business operations in Springboro \_\_\_\_\_

**Type of Business Ownership (check one)**

Sole Proprietor

S-Corporation

N Non-Profit

C Corporation

Partnership

Government

**Accounting period used for Federal income tax purposes (check one)**

Calendar Year

Fiscal Year ending in month of \_\_\_\_\_

**Do you have employees working in the City of Springboro**      YES      NO

*Note: If you have employees working in the City, we will set up a withholding account for you to remit the City income tax you withhold from their wages. Once we set up that account we will provide you with confirmation of the account number for payroll reporting purposes.*

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**Contact Person for Your Company:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature & title of person completing this form

\_\_\_\_\_  
Date