

CITY OF SPRINGBORO  
320 W. Central Avenue  
Springboro, OH 45066-1198

INCOME TAX DEPARTMENT  
(937) 748-9701  
(937) 748-0815 – FAX

Account # \_\_\_\_\_

COURTESY WITHHOLDING QUESTIONNAIRE

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The following information will aid us in preparing forms for your use in complying with the Springboro income Tax Ordinance. Please complete the questionnaire and return to City of Springboro, Department of Taxation 320 W. Central Ave. Springboro, OH 45066

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Name and address as used for business purposes:

Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Is above address main office or branch? \_\_\_\_\_ If branch, give address of main office

Address \_\_\_\_\_

FIN# \_\_\_\_\_

Do you have employees that live in Springboro? \_\_\_\_\_ Date started withhold \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Nonprofit

List names, residence address and social security # if partners, corporate officers, association members, etc.

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Mail Withholding Tax Forms To:

\_\_\_\_\_

Do you use a payroll company? \_\_\_\_\_

\_\_\_\_\_

How do you intend on remitting your payments?

\_\_\_\_\_

ach credit \_\_\_\_\_ ach debit \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed