



## **INCOME TAX REGULATIONS**

Revised 11-06-12

### **CITY OF RAVENNA**

**P.O. Box 1215**

**Ravenna, Ohio 44266**

**Phone #: 330-297-7817 Fax #: 330-297-2164**

**Website: [www.ci.ravenna.oh.us](http://www.ci.ravenna.oh.us) E-Mail: [tmurray@ci.ravenna.oh.us](mailto:tmurray@ci.ravenna.oh.us)**

### **INCOME TAX REGULATIONS**

Prior to the issuance of a Contractors Registration Certificate, all Contractors and Sub-Contractors performing work within City limits must also be registered with the City Income Tax Department. Please find enclosed an introductory letter and questionnaire from the City Income Tax Department. This questionnaire must be completed in full and returned with your Contractor Registration application along with the appropriate fee.

If you are currently on our tax roster, we ask that you complete the questionnaire for the purpose of updating our records. The Income Tax Department will then issue you an account number for Ravenna taxation purposes.

No Contractor Registration Certificate will be issued until a City of Ravenna Income Tax Account number is assigned. The City also reserves the right to deny issuing a Contractors Registration Certificate if an existing Income Tax Account is not filed or in delinquent status.

Sincerely,

Kimble Cecora  
Director of Finance

**CITY OF RAVENNA, OHIO**  
**Income Tax Department**

P.O. Box 1215 - Ravenna, OH 44266-1215  
Phone: (330)297-7817; Fax: (330)297-2164  
Email: tmurray@ci.ravenna.oh.us

**Municipal Income Tax Business Questionnaire - Resident Business**

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Please complete and return this Questionnaire to the Ravenna Tax Department

**GENERAL INFORMATION:**

Business name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Contact name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Date business started in Ravenna: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you previously filed with the City of Ravenna: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you make rent or lease payments: Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please list name and address of landlord(s) on the back of this form

Do you rent or lease real property to others: Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please list name and address of tenant(s) on the back of this form

**FILING INFORMATION:** Check/completer which applies

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ S Corporation: \_\_\_\_\_ Corporation: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Calendar year end: Yes \_\_\_\_\_ No \_\_\_\_\_ Fiscal year end: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMPLOYEE WITHHOLDING INFORMATION:**

Will you have employees working in Ravenna: Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please select which of the following applies:

\_\_\_\_\_ Withholding for Ravenna will be more than \$100 per month

\_\_\_\_\_ Withholding for Ravenna will NOT be more than \$100 per month

Please indicate the date in which the employee withholding will begin: \_\_\_\_\_

Are you using a payroll service: Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", please indicate the name of the payroll service you are using:

Payroll agent name: \_\_\_\_\_

Has the payroll service requested Ravenna's local ID #: Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO", will you be using the Ohio Business Gateway to remit your tax \_\_\_\_\_

If payroll is being processed in-house, what address should the withholding forms be mailed to:

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

Thank you for your assistance,

City of Ravenna Income Tax Department

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