APPLICATION FOR WITHHOLDING TAX ACCOUNT

The City of St. Marys collects income tax for eleven municipalities in Ohio. Therefore, all applications must include the name of the municipality for which the tax will be withheld. A separate application must be made for each city. Combined reports and payments for more than one city will be returned.

Withholding for City of Residence: In Ohio, city tax withholding is mandatory for the city of employment. You may voluntarily withhold the tax for the city of residence if the employee works in an area where there is no tax or if the employee works in an area where the tax is lower than the employee's city of residence and you pay the difference in the rates to the city of residence in addition to the city of employment.

Information regarding the employee is required for all accounts being established to withhold the tax for the city of residence, including the employee's street address. We will inform you if the employee's address is located outside city limits.

| Botkins 1.5% New Bremen 1.5% | Covington 1.5% New Knoxville 1.5% | | Ft. Loramie 1.5% Osgood 1% | Lakeview 1.5% Russia 1.5% | Minster 1.5% St. Marys 1.5% |
|---------------------------------|---------------------------------------|---------------------|-------------------------------|------------------------------|--------------------------------|
| CITY FOR WHICH APPL | ICATION IS BEING MADE | : | | | |
| NAME OF BUSINESS: _ | | | | | |
| FEDERAL IDENTIFICAT | ON NUMBER: | | | | |
| PHONE NUMBER: | ONE NUMBER: FAX NUMBER: | | | | |
| MAILING ADDRESS: | | | | | |
| CONTACT NAME: EMAIL ADDRESS: | | | | | |
| STREET ADDRESS OF V | ORKING INSIDE THE CITY OORK SITE: DAT | | | | |
| ☐ COURTESY WITHH | OLDING FOR CITY OF RES | IDENCE | | | |
| STREET ADDRESS OF E | MPLOYEE'S RESIDENCE: | | | | - |
| STREET ADDRESS OF E | MPLOYEE'S WORK LOCA | TION: | | | |
| METHOD OF REPORTI | NG: | | | | |
| ☐ MAIL (Withholding | forms will be provided v | vithin five days.) | | | |
| ☐ PAYROLL SERVICE (| Confirmation of account | numbers will be pro | vided within three days. |) | |
| ☐ OHIO BUSINESS GA | TEWAY (Confirmation of | faccount numbers w | ill be provided within th | ree days.) | |
| TODAY'S DATE: | | | | | |

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

City of St. Marys Department of Taxation Attn: Angie Brown 106 E. Spring Street

St. Marys, OH 45885

Rates:

EMAIL: abrown@cityofstmarys.net

FAX: (419) 394-3304