

Income Tax Rate 1.85%

In order to establish a new account with the City of Delaware Income Tax Department, or to update the current information on your account, please complete this form. The information is confidential and will not be released.

Business Name: _____ EIN (or SSN): _____

Mailing Address: _____ City, State, Zip: _____

Delaware Local Address: _____

Contact Person Name: _____ Phone: _____

Email Address: _____ Principle Business Activity: _____

PEO, Employee Leasing Comany or Payroll Company, if applicable, and address and EIN/SSN under which withholding is paid _____

Type of Ownership (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> S Corportation |
| <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Other – If checking other please provide explanation |
| <input type="checkbox"/> Limited Liability Company | |

**** If appropriate, please explain any circumstances which affect this business entity's tax filing. For example, if the entity is disregarded for Federal tax purposes, and therefore business profit or loss is reported on the return of the business owner, please provide the owners name, address and SSN or EIN.**

COMPLETE SECTION A OR SECTION B:

- A This company/individual DOES NOT conduct business in the City of Delaware.**
Tax withheld is paid on behalf of employees who live in Delaware (courtesy withholding) **ONLY**. Date withholding begins: _____
Provide employee name(s) and address(es):

B This company/individual conducts business in the City of Delaware, OR WITHHOLDS FOR EMPLOYEES WORKING FROM HOME, or is a PEO/employee leasing company.

Start date: _____ Calendar year or Fiscal year? If fiscal, provide year end date: _____

And withholds tax for employees working in Delaware as of date: _____

Delaware worksite address(es): _____

If PEO, name/EIN of business where contracted employees work: _____

Do you pay independent or sub contractors for service performed in Delaware? Yes No
If yes, you must attach a listing to include name, address, and SSN/EIN.

Regarding real estate located within the City, do you occupy real property that you rent from others?

Yes No If yes, to whom is rent paid? Name and address: _____

Do you own rental property in Delaware? Yes No If yes, attach list of properties owned.

Do you use an individual or company to manage your rental property? If yes, provide their name, address and SSN or EIN: _____

If this account should be deactivated, give effective date (M/D/Y): _____ and full explanation.