

CHILLICOTHE CITY INCOME TAX REGISTRATION



Chillicothe City Income Tax Department
 35 South Paint Street, P.O. Box 457
 Chillicothe, Ohio 45601
 Hours: 7:30am – 4:30pm Mon-Fri (740) 773-1161

Effective 01/01/03 Ordinance No: 121-02 requires every Chillicothe resident (an individual having a principle place of residence or domicile within the Chillicothe city limits) who is 18 years or older, to register and file an annual city tax return. The city tax rate is 2%. Please answer questions on the front and back of this form. Once your registration has been completed and returned (to the P.O. Box listed), you will be placed on the mailing list to receive annual forms if necessary.

Section 1

Account # _____

1. Full Name _____ Social Security # _____
 Spouse's Name _____ Spouse's SS# _____
 Street Address (no P.O. Box) _____
 City, State, Zip _____
 Date Moved to Current Address (mo/year) _____ Telephone # _____

	Taxpayer		Spouse	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Do you have wages, salaries, or commissions subject to Chillicothe income tax?	_____	_____	_____	_____
b. Do you have rental or farm income subject to Chillicothe tax?	_____	_____	_____	_____
c. Are you on permanent disability?	_____	_____	_____	_____
d. Do you have business or partnership income subject to Chillicothe tax? (see section 2 reverse side)	_____	_____	_____	_____
e. Are you fully retired? (no earned income)	_____	_____	_____	_____

I understand that if I am fully retired and receive no other income taxable by the City of Chillicothe, I am exempt at this time from filing a city income tax return. I understand that if my situation should change, I am not relieved of any obligation to file and pay such tax returns with the City. I further understand it is my obligation to notify the tax office of my change in income, and could be subject to penalties and interest if they are not notified.

Signature _____ Date _____

If you have answered "yes" to any questions (a) thru (d), please complete reverse side

2. Current employer (taxpayer) _____ Spouse _____
Date Started (mo/yr) _____ Spouse _____

3. Does your employer withhold your city tax in full? _____ Spouse _____

4. Do you own (now or in the past 6 years) real estate property rented to others?

Yes _____ No _____ If yes, complete the following:

Address of Property(s)	Date Acquired	Date Sold	New Owners
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Note: Landlords must provide a quarterly listing of tenants each years, to include name, address, and dates of residency per City Ordinance No. 121:02, Section 5C.

Section 2

Completion necessary if you are involved in a self-employment activity, a partnership, or otherwise involved in an activity earning income which is not subject to withholding of taxes (Example: 1099-Misc income, Sub-contract laborer, home child-care provider, etc.)

Does this section apply to you? Yes ____ No ____

1. Trade name of business/activity _____

Address	City, State, Zip	Phone #
_____	_____	_____

2. Date activity began _____ FID# _____ Employees? _____

3. Do you pay anyone on a contract basis? _____ **If yes, you are required to provide us with Their names, addresses and social security #'s. Copies of W-2's and 1099's must be submitted To the tax office by the last day of February of every year.**