

CITY OF RAVENNA
INCOME TAX DEPARTMENT
530 N. FREEDOM STREET
RAVENNA, OH 44266-1215
Phone: (330) 297-7817-Fax: (330) 296-3491
May 9, 2001

RE: City of Ravenna Income Tax

Dear Employer:

This letter provides a brief explanation of the City of Ravenna Income Tax procedures and forms. Please take a moment to read this information and complete the enclosed Business Questionnaire. If any questions arise, feel free to contact the office (330) 297-7817.

The Ravenna City tax rate is 2.0 %. This tax is imposed on all salaries, wages, commissions, and other compensation, which does not include deferred compensation and pension. Only those employees who are 16 years of age or older should be withheld.

The Employee Withholding forms are filed on a quarterly basis if the amount of tax withheld is less than \$600.00 per quarter; otherwise, you will be requested to file monthly. Quarterly withholding due dates: 1st Qtr-April 30th, 2nd Qtr-July 31, 3rd Qtr-October 31st, 4th Qtr-January 31st. Monthly withholding is due the last day of the following month. A packet of pre-printed forms will be provided to you if required to file monthly.

At year-end, a "Reconciliation of Income Tax" form will need to be submitted along with copies of the W-2 forms by January 31st. This summarizes the tax withheld; to make sure local withholding on the W-2 forms matches what was remitted to the City of Ravenna.

For filing the Net Profit return on to the business, please fill out the enclosed Business Questionnaire and return it to the office. This information indicates what kind of form you will receive; if you file as calendar year or fiscal year end and if it is a corporation or partnership.

If you have any questions, feel free to contact the office at (330) 297-7817.

Sincerely,

City of Ravenna
Income Tax Department

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

Municipal Income Tax Business Questionnaire

Date: _____

Please complete and return this Questionnaire within ten (10) days. Attach additional information as necessary.

LOCAL INFORMATION

Business name: _____ DBA: _____

Local business address: _____ Ravenna, OH

Local business phone no: _____ Local business fax no: _____

Date business started in Ravenna: _____ Have you previously filed with Ravenna: Yes ___ No ___

Principal business activity (as listed on federal forms): _____

Name of accounting firm preparing your forms: _____

Address of accounting firm: _____

Do you make rent or lease payments: Yes ___ No ___ If yes, attach name and address of landlord(s).

Do you rent or lease real property to others: Yes ___ No ___ If yes, attach name and address of tenant(s).

PARENT COMPANY INFORMATION - If you are a corporate subsidiary

Main office address: _____

Main office phone no: _____ Main office fax no: _____

FILING INFORMATION - check which applies

_____ C Corporation

Federal ID no: _____ Fiscal year-end: _____

Mailing address for business return: _____

_____ S Corporation

Federal ID no: _____ Fiscal year-end: _____

President name: _____ Vice President: _____

Mailing address for business return: _____

_____ Partnership

Federal ID no: _____ Fiscal year-end: _____

Name/address: _____ SS#: _____

Name/address: _____ SS#: _____

Name/address: _____ SS#: _____

Mailing address for business return: _____

_____ Sole Proprietorship

Federal ID no: _____ (if applicable) SS#: _____

Owner name: _____ Home ph no: _____

Owner address: _____

Mailing address for business return: _____

EMPLOYEE WITHHOLDING INFORMATION

Will you be withholding more than \$100.00 per month in city taxes: Yes ___ No ___ Voluntary withholding: _____

Present number of employees in Ravenna: _____ Expected number of employees at end of fiscal year: _____

Date employees starting working in Ravenna: _____

Person responsible for payroll records: _____ Phone no: _____

Mailing Address for forms: _____

If you are using a payroll service, please indicate which one: _____