

**CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT
1131 STEUBENVILLE AVENUE
CAMBRIDGE OH 43725
Phone – (740) – 439-2355
Fax – (740) – 435-0149**

BUSINESS QUESTIONNAIRE

Dear Taxpayer:

Welcome to Cambridge!

This office will be pleased to assist you. As a business operating within the corporation limits of Cambridge, you are obligated to comply with the City of Cambridge Income Tax Ordinance Chapter 95. Under this ordinance, you are required to do the following:

1. Withhold tax is at a rate of 2% on the total gross wages of all employees that **work and/or reside** in the corporation limits of Cambridge.
2. File a Cambridge City income tax return on the net profit/loss derived in Cambridge and pay taxes of 2% on net profit. This return and payment of taxes due is due April 15th of each year, or 120 days from the end of a fiscal year.
3. Complete the following business questionnaire and return within ten days.

Your prompt attention to this matter is appreciated. Please feel free to contact the income tax office if you have questions concerning your filing requirements. We are pleased to assist you.

Respectfully,

City of Cambridge
Income Tax Department

Important 2016 Employee Withholding Changes

The State of Ohio Legislature passed HB 5 which mandated many changes in Ohio Revised Code 718 governing municipal income tax requirements. A summary of the changes effective beginning January 1, 2016 are listed below.

Quarterly due dates:

April 15,
July 15,
October 15,
January 15

Withholding payments must be postmarked by the tax office by 15th day of the following month. Late withholding payments is 50% of the tax due.

Monthly payments are due by the 15th day of the following month. Late withholding payments is 50% of tax due.

Threshold requiring monthly remittance:

Prior year annual total withholding for the Cambridge exceeding \$2,399.00
Any month of prior quarter withholding for the Cambridge exceeding \$200.00

Reconciliations are due the last day of February.

Penalty for late Year End W-2 and 1099 information \$25 per month to maximum \$150.

Changes to determine withholding requirements for employers who send their employees to other location are summarized in the ORC 718.011 and 718.03.

Workplace definitions are very important to understand as fixed locations, principal place of work locations and presumed worksite locations require employee withholding from day one. Please feel free to call the tax office to discuss your circumstances as to whether there is a withholding requirement with the City.

The City of Cambridge accepts electronic filing ACH (automated clearing house) through the Ohio Business Gateway.

CITY OF CAMBRIDGE INCOME TAX DEPARTMENT
1131 STEUBENVILLE AVENUE
CAMBRIDGE OH 43725
Phone (740)-439-2355
Fax (740)-435-0149
www.cambridgeoh.org
e-mail: treas-itax@cambridgeoh.org

BUSINESS QUESTIONNAIRE

NAME _____ FED ID # _____

ADDRESS _____

CITY, STATE, ZIP _____

TO INSURE ACCURATE RECORDS, PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR TAXABLE STATUS IN THE CITY OF CAMBRIDGE. **PLEASE COMPLETE AND RETURN WITHIN SEVEN-DAYS.** YOUR COOPERATION IS APPRECIATED.

Local name and address used for business purposes:

Trade Name - _____ **Date started in Cambridge** _____

Address where you are working in Cambridge - _____

IS THIS A COURTESY WITHHOLDING ACCOUNT FOR RESIDENT EMPLOYEES ONLY? _____

(If so, list employee(s) name, address and social security number on back, sign, date and return this form)

Do you now employ 1 or more persons working within the City of Cambridge? _____ **If so, how many?** _____

Accounting period used for Income Tax purposes: Calendar year ending December 31 _____

Check one – (If fiscal year, write ending date) Fiscal Year ending _____

Type of ownership: (check which applies): Individual Proprietorship ____ Corporation ____ Partnership ____ Non-profit ____
Assoc ____ LLC ____ Other – PLEASE EXPLAIN _____

- If partnership, association, or other unincorporated joint business venture, indicate how the net profit Cambridge Income Tax return will be filed and paid.
_____ In full by the business or _____ separately by the individual members on proportionate shares.
List names and address of partners on back.
- If individual proprietorship, indicate name, address and social security number of owner on back.
- If corporation, please indicate name, address and social security number of CEO on back.

With reference to real estate properties located **WITHIN the City of Cambridge:** Does the business occupy, as tenant, real property in Cambridge rented from others? _____ If so, to whom is rent paid? (Give owners name and address).

(1) _____

The information hereby submitted is true and correct.

Name _____ Date _____ Phone No. _____ Ext. _____
(Signature)

(Printed name and title)