



Dear New Business Owner,

Welcome to the City of Lorain. In an effort to simplify the process, we have compiled the following information in order to assist you in establishing your business within the city.

Please use the included forms as noted below:

- Complete the Resident Business Registration and return to the Income Tax Department.
- Review the Statement of Employee Withholding status form

Below is the contact information for the various departments involved in establishing new businesses within the city should you have any questions throughout the process.

Lorain Building Department 200 W. Erie – 5 th Floor Lorain, OH 44052 (440) 204-2045 bhp@cityoflorain.org	Lorain Income Tax Department 605 W. 4 th St. Lorain, OH 44052 (440) 204-1002 incometax@cityoflorain.org	Lorain Utilities Department 1106 First St. Lorain, OH 44052 (440) 204-2500 (440)204-2551 fax
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We wish success and thank you for choosing to become part of the Lorain business community.

Sincerely,

Terri Soto, Treasurer
Lorain Income Tax Team

CITY OF LORAIN DEPARTMENT OF TAXATION

605 W. 4th Street, Lorain, Ohio 44052-1646

PH: (440) 204-1002 FAX: (440) 204-1006

www.cityoflorain.org/treasurer

Email: Incometax@cityoflorain.org



TERRI SOTO, TREASURER

The Resident Business Questionnaire and Withholding Status Questionnaire should be completed and returned to the City of Lorain Income Tax Department within 30 days of a business opening or changing ownership. The information will enable the tax office to send the proper forms to your business for filing a net profit return, and if applicable, employee withholding tax.

This letter includes information about the City of Lorain net profit and employee payroll withholding tax. The income tax office is open Monday through Friday from 8:30 a.m. to 4:00 p.m. Please feel free to call the tax office with any questions you may have.

TAX INFORMATION FOR LORAIN CITY BUSINESSES

The City of Lorain, Ohio has mandatory income tax filing for all resident businesses. The tax rate, in effect since 2013 is 2.5%. City of Lorain, income tax forms must be postmarked by the IRS due date (usually April 15th) or on or before the 15th day of the fourth month after the close of the fiscal year.

A written extension request must be received in our office by the original due date of the return. If a federal extension was submitted to the IRS, a copy should be sent to our office before the original due date of the return to avoid late filing notices. The extended due date of the City of Lorain return is the same date as that of the extended federal income tax return.

An extension is only an extension of the filing due date. Payment must be made by the original due date of the return or a late paying penalty of 15% of the tax due and interest at .42% per month will be charged on any outstanding balances. If the extension request is not received by the original due date or the federal extension is not attached to the return when filing, a \$25.00 per month (maximum \$150.00) late fee will be charged.

You may e-mail, fax, or mail our request to our office. We do not accept extension requests over the phone. Our E-mail address is incometax@cityoflorain.org. Our fax number is (440) 204-1006.

Tax forms may be obtained in the tax office any time during business hours, on the Internet at www.cityoflorain.org or from the Lorain Public Library during the months of March and April. The City of Lorain will accept generic forms.

WITHHOLDING TAX AND SUBCONTRACTOR INFORMATION

Employee withholding tax is mandatory. Every resident employer who employs one or more persons is required to withhold the tax of 2.5% from all compensation paid to employees at the time the compensation is paid and remit the amount withheld to the Lorain Income Tax Department at the above address. New payment frequency and due dates mandated by the State of Ohio beginning tax year 2016: Monthly returns are required if the total taxes withheld exceed \$2399.00 per year in the preceding year or \$200.00 per month in the preceding month. Monthly returns and payments are due on or before the fifteen day after the last day of each month for the amount withheld during the preceding month. Quarterly returns and payments are due on or before the fifteen day of the month following the end of the quarter for the amount withheld during the preceding quarter.

The City of Lorain ordinance concerning employee payroll withholding is partially stated below.

192.10 COLLECTION AT SOURCE; WITHHOLDING FROM QUALIFYING WAGES (effective 01-01-2016)

(a) (1) Each employer, agent of an employer, or other payer located or doing business in the Municipality shall withhold from each employee an amount equal to the qualifying wages of the employee earned by the employee in the Municipality multiplied by the applicable rate of the Municipality's income tax, except for qualifying wages for which withholding is not required under section 192.11 of this Chapter or division (d) or (f) of this section. An employer, agent of an employer, or other payer shall deduct and withhold the tax from qualifying wages on the date the employer, agent, or other payer directly, indirectly, or constructively pays the qualifying wages to, or credits the qualifying wages to the benefit of, the employee.

All employers, individuals and businesses that provide any services within the City of Lorain, and who employ subcontractors paid on federal form 1099 in conjunction with that service, shall provide the names and address of those subcontractors that will be working within city limits. **This information must be sent to the Lorain Income Tax Department by the last day of February of each year.** The subcontractors shall be responsible for all income tax withholding and filing requirements under the City of Lorain ordinances. **If your payroll status changes you must notify the tax office immediately.**



CITY OF LORAIN INCOME TAX DEPARTMENT
 605 WEST 4TH STREET, LORAIN OH 44052
 INCOMETAX@CITYOFLORAIN.ORG

BUSINESS REGISTRATION
Lorain City Income Tax Rate 2.5%

Company Name: _____ SSN or Fed ID# _____

DBA or Trade Name: _____ Date Started or Acquired in Lorain: _____

Lorain Address: _____ Lorain Phone: _____
 _____ Lorain Fax: _____

E-mail Address: _____

Address of Main Office: _____ Phone: () _____

E-mail Address For _____ Accounting Period Used:
 Net Profit Accounts: _____ Calendar Year _____ FYE Month _____

E-mail Address For _____ Number of Persons Employed in Lorain: _____

Withholding Accounts:

OR: Payroll Service (no forms will be sent)

Type of Ownership: Corporation Partnership 1120S Individual Non-Profit

Other: _____

Complete The Following Information For All Partners, Officers And/or Associates:

Name: _____ SSN#: _____

Address: _____

Name: _____ SSN#: _____

Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____ Phone: _____

Address: _____

 Signature

 Print Name

 Date

◀ Please change tax year if necessary

View Instructions Reset Form Print Form

CITY OF LORAIN OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

AMENDED **Return with Payment**

No. of Employees Represented on line No. 1 Below

1. Taxable Earnings paid all Employees subject to City of Lorain, Ohio, 2.5% (.025) Income Tax

Is this a courtesy withholding? YES
Is this a final return? YES NO
If yes, attach explanation

2. Actual Tax Withheld in reporting period for City Income Tax

3. Adjustment of Tax for prior quarter (see instructions)

4. Penalty (See Instructions)

5. Interest (See Instructions)

6. Total – (Lines 2-5)

1

2

3

4

5

6

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Federal ID No. _____ Date _____

Email _____

Phone _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

DEPARTMENT OF TAXATION

MAIL TO:

DEPARTMENT OF TAXATION

CITY OF LORAIN

605 W. 4th Street
Lorain, OH 44052
(440) 204-1002

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

If no wages paid this quarter, mark "NONE" and return this form with explanation.

EMPLOYER NAME/ADDRESS Account No. _____

Please select period below
FOR THE MONTH(S) OF

MUST BE RECEIVED BY

Notify the Department of Taxation promptly of any change in ownership.
FORM MW1