

Vendor Registration Form

Complete this form and return it to pursupplies@toledo.oh.gov. Bidding opportunities are posted on the City of Toledo, Division of Purchases and Supplies web site: <http://toledo.oh.gov/>.

Firm Name _____

Primary Business Address _____

City, State, Zip _____

Remit Address (If different from above) _____

City, State, Zip _____

Primary Contact _____ Title _____

Telephone # _____ Fax # _____

E-mail Address _____

Remit to Email _____ Business Hours _____

Federal ID # _____

DBE/MBE/WBE Certification ☐ NO ☐ YES (attach certificate)

Do you require a 1099-MISC form? ☐ NO ☐ YES

Describe your firm's products and/or services _____

Return form to: City of Toledo
Division of Purchases and Supplies
640 Jackson Street, #2000
Toledo, Ohio 43604

E-mail: pursupplies@toledo.oh.gov



DIVISION OF TAXATION

The city of Toledo administers a municipal income tax that is applicable to all contractor work performed in the city. This contractor activity is covered under Section 798.01 of the Toledo Municipal Code which requires tax registration when contractor work is performed. In order to become registered with the city of Toledo, Division of Taxation, you must complete and return the Business Registration Form on page 2 of this letter. This form can be returned by facsimile at (419) 936-2320 or by email incometax@toledo.oh.gov. A deposit of \$250 is required at time of registration. This deposit will be credited towards your estimated net profits income tax.

The rate of Toledo municipal income tax is two and one-half percent (2.5%). As an employer, you are required to withhold municipal income tax from all compensation paid to your employees while working in the city of Toledo. You must also pay on net profits attributable to Toledo projects. Completing this questionnaire will enable us to furnish the proper forms to you to effect compliance with the Toledo Municipal Code Chapter 1905.

If your account number is listed under another name, please call Engage Toledo at (419) 936-2020, and we will make the necessary changes to our tax database.

Sincerely,

City of Toledo
Division of Taxation
Department of Finance
Engage Toledo Telephone, 419-936-2020

Encl: Business Tax Registration Form



Taxation

One Government Center, Ste 2070, Toledo, OH 43604

Office (419) 936-2020, Fax (419) 936-2320

Email incometax@toledo.oh.gov

ACCT# _____

Date: _____

Business Registration Form

FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN PROCESSING

Business / Account Type:

☐

(R)

Schedule C or E
Single Member LLC/
Sole Proprietorship

☐

(B)

Form 1065
Partnership

☐

(C)

Form 1120/1120S
Single Member LLC/
Corporation

☐

(B)

Form 1041
Association/ Trust

☐

(X)

Form 990
Non-Profit Entity

☐

(W)

Withholding
Voluntary
Withholder

FEDERAL TAX ID# (If Applicable)

Toledo Business Name

Business Name

Toledo Address (If different)

Business Address

Toledo Address City, State, Zip

Business City, State, Zip

Provide the name and FEIN under which the withholding
tax will be remitted (If different)

Business Phone #

Name (If different)

FEIN (If different)

Business Fax #

Email Address

1. Starting date of Toledo activities _____

2. Are there now or will there be employees subject to Toledo income tax? Yes ☐ No ☐ Remote Only ☐

Will you be filing monthly (withholding > \$200/month)? Yes ☐ No ☐ Payroll starting date _____

3. Accounting period: Calendar Year? _____ or Fiscal Year Ending _____

4. Nature of business _____

5. Do you now or will you conduct business within Toledo city limits? Yes ☐ No ☐

Corporate Officers/Non Profit Board Members:

Name:

Residential Address:

Social Security # (Required):

Partners (attach additional sheets if necessary):

Name:

Residential Address:

Social Security # (Required):

Sole Proprietor (including Single Member LLC):

Name:

Residential Address:

Social Security # (Required):

Signature: _____

Title: _____

Printed Name: _____

Date: _____

FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN PROCESSING



Court-Ordered Child Support Compliance

On August 20, 1999, the City of Toledo passed Administrative Policy and Procedure #53, which requires all contracts over \$10,000 to contain an affidavit from the vendor listing the name and address of any individual owner or shareholder with a twenty-five (25) percent or greater vested interest in said company who is subject to a court-ordered child support decree.

For any individual identified as subject to a court-ordered decree, the vendor must submit a certification from the appropriate authority that said individual is in substantial compliance with any court-ordered child support. Substantial compliance means the individual is current regarding court-ordered child support obligations or has entered into an agreement within the past thirty (30) days with the appropriate authority to satisfy any delinquency and assure future payments.



CITY OF TOLEDO DEPARTMENT OF PUBLIC UTILITIES
WATER / SEWER / STORM WATER / GARBAGE SERVICES
COMPLIANCE

VENDOR UTILITY ACCOUNT(S) STATUS VERIFICATION

Note to Vendor: Please fill out this form and return it with your BID submission to the Division of Purchases and Supplies. If your company does not utilize City of Toledo utilities, fill in top 2 lines with company information and indicate "N/A."

Account Holder Name(s): _____

Service Address(es): _____

Account No(s): _____

Vendor's e- Mail Address & Fax Number: _____

_____ 1st Account # _____ - _____ is Active _____ or

Closed _____ as of (date) _____

Open Balance: \$ _____

2nd Account # _____ is Active _____ or Closed _____ as of (date) _____

Open Balance: \$ _____

3rd Account # _____ is Active _____ or Closed _____ as of (date) _____

Open Balance: \$ _____

4th Account # _____ is Active _____ or Closed _____ as of (date) _____

Open Balance: \$ _____

(Attach more sheets for additional accounts.)

Total Open Balance \$ _____ ***

Dated: _____

Completed by (print): _____

***** NOTES: THE INFORMATION PROVIDED BY DPU FOR THE REFERENCED SERVICE ADDRESS(ES) IS BASED ON AVAILABLE INFORMATION AT THE TIME OF TRANSMITTAL AND IS SUBJECT TO REVISION BASED UPON ANY UNBILLED CONSUMPTION AND FINAL BILLING ADJUSTMENTS.**

DPU's Comments (e.g. relative to liens, collection agent activity, balance transfers, etc.):