



CITY OF CELINA, OHIO

ONE OF THE BEST 100 SMALL TOWNS IN AMERICA

CELINA TAX ACCOUNT REGISTRATION

INCOME TAX
OFFICE

ROXANN SHAFFER
ADMINISTRATOR

JODI ZIMMERMAN
TAX CLERK

Company Name: _____
Address _____

Phone No. _____
Contact Person _____
Federal ID # _____

Project Address: _____
Proposed start date; _____

Accounting Period: ___ Calendar Yr. ___ Fiscal Yr. ()
Type of Ownership: ___ Corporation ___ Proprietorship
___ Partnership ___ Non-Profit Assoc.

Do you have one or more employees: ___ Yes ___ No
Will you use sub-contract labor: ___ Yes ___ No

** This is a courtesy withholding tax request only _____
(Resident employees address: _____)

Please note when project sites are located within the corporation limits of the City of Celina, they are subject to tax filing requirements. Complete this form and return it to the address listed below within the next fifteen days.

The Tax Ordinance may be viewed on the city web site and all tax forms are available for printing.

Office hours are 8:00 am to 4:30 pm; please call with any questions or concerns.

Roxann Shaffer
Tax Administrator

225 NORTH MAIN STREET ~ P.O. BOX 117 ~ CELINA, OHIO 45822
PHONE: 419/586-2594 FAX: 419/586-2577

WWW.CELINAOHIO.ORG