

MINERVA INCOME TAX DEPARTMENT  
209 N Market St, Minerva, Ohio 44657  
330.868.7705 Ext 157 – Fax 330.868.7708

The Village of Minerva Income Tax Ordinance imposes a tax of one and three-fourths percent (1.75%) on wages, salaries, commissions or other compensation paid to employees age 18 years old and older for work done or services performed in the Village of Minerva. This ordinance also requires employers to withhold this tax from earnings of the employee.

The ordinance also imposes a tax at the same rate on net profits of individuals, partnerships, or unincorporated businesses and professions, as well as corporations engaged in business activity in the Village of Minerva.

1. Business Name \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Address: \_\_\_\_\_
2. Date you started doing business in Minerva \_\_\_\_\_
3. Nature of business \_\_\_\_\_
4. Accounting period used for Federal Income Tax Purposes: (check one)  
\_\_\_\_\_ Calendar year ending December 31      \_\_\_\_\_ Fiscal Year ending: \_\_\_\_\_
5. Number of employees \_\_\_\_\_ Do you anticipate future employees? \_\_\_\_\_
6. Do you at any time employ persons who are subject to Village of Minerva Income Tax and from whom you do not withhold city tax? \_\_\_\_\_ Yes      \_\_\_\_\_ No If yes, please provide names and addresses of those individuals.
7. Type of Organization:  
\_\_\_\_\_ Sole Proprietor      \_\_\_\_\_ S Corp      \_\_\_\_\_ C Corp      \_\_\_\_\_ Partnership      \_\_\_\_\_ Other: \_\_\_\_\_
8. If partnership, association or other unincorporated joint business venture, indicate how the Village of Minerva Income Tax return, upon net profit, will be filed and paid. (check one)  
\_\_\_\_\_ In full by business      \_\_\_\_\_ Separately by the individual members
9. If partnership or individual proprietorship, give owner's name and address:  
\_\_\_\_\_
10. Do you issue 1099's to non-employees working in Minerva on behalf of your Company? \_\_\_\_\_ Yes      \_\_\_\_\_ No
11. Address to which tax forms are to be mailed:

Business Net Profit Tax Returns	Withholding Report Tax Forms
Name _____	Name _____
c/o _____	c/o _____
Address _____	Address _____
_____	_____
12. Do you operate any other business within the Village of Minerva \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, list those located within the city:  
(1) \_\_\_\_\_
13. Name of person responsible for filing tax forms  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_