



# ANNUAL CONTRACTOR REGISTRATION

**YOUR e-mail ADDRESS IS IMPORTANT**  
**We need it to e-mail your Registration Certificate**

Codified Ordinance Chapter 1145 has been established by the City of Salem for the ANNUAL REGISTRATION OF CONTRACTORS AND SUBCONTRACTORS/1099 EMPLOYEES

Registration is required for all persons, firms or corporations who enter into written or oral contract or agreement to supply goods, services and/or labor within the corporate limits of the City of Salem.

All of your 1099 employees must be registered. Failure to register your "helpers" and/or 1099 employees could result in your job being stopped.

Individuals, under the age of 18 years, engaged in work or providing services to others, such as lawn care, snow removal, etc, are exempt.

**Registration consists of:**

1. Provide information about yourself, firm or corporation.
2. Compliance with City of Salem Income Tax laws.
3. Minimum \$500,000.00 Comprehensive General Liability Insurance.
4. Ohio Worker's Compensation Certificate, if applicable.
5. \$50.00 Registration Fee.

Complete the two enclosed registration forms and return them with a copy of your insurance certificate (with the City of Salem as the certificate holder), compensation certificate (if applicable) and a \$50.00 check made out to: CITY OF SALEM.

The Annual Registration Fee of \$50.00 is for the calendar year. Annual renewals are \$50.00. Registration is not assignable or transferable and there are no refunds. **THIS IS NOT A LICENSE** . The City of Salem is not responsible for damages resulting from any action of a registered party. **The City does not endorse or recommend any contractor/subcontractor and registered parties are not to imply this in any way.**

**FAILURE TO REGISTER:** Should any person, firm or corporation, either as a contractor, or subcontractor be found by the Zoning Officer or Income Tax Administrator to be performing work, entering into a written or oral contract or agreement to supply goods and/or labor without a valid registration, said Zoning Officer or Income Tax Administrator shall cause all work to cease immediately until all provisions of this ordinance have been met, and an additional fee equal to three (3) times the original registration fee is paid.

**DAILY ENFORCEMENT IS CONDUCTED BY THREE CITY INSPECTORS TO DETERMINE IF COMPLIANCE HAS BEEN MET.**

The penalty for failing or refusing to comply with the provisions of this ordinance, and upon conviction, shall be deemed guilty of a misdemeanor and could result in a fine of not more than five hundred (\$500.00) dollars. Each day such violation exists shall constitute a separate offense.

Additional Contractor Registration Forms can be downloaded by going to: [www.cityofsalemohio.org](http://www.cityofsalemohio.org)  
Click on downloads under Planning & Zoning

**WHEN SENDING YOUR REGISTRATION INFORMATION ADDRESS YOUR ENVELOPE TO:  
CONTRACTOR REGISTRATION.....City of Salem Zoning Office.....231 S. Broadway Ave.....Salem, OH 44460**

City of Salem Zoning

330-332-4241 Ext 228

231 S. Broadway Ave.  
Salem, OH 44460

City of Salem Income Tax

330-332-4241 Ext 225

# CITY OF SALEM

## Contractor/Subcontractor/1099 Employee Registration Form

Codified Ordinances Chapter 181 & 1145

**YOU MUST COMPLETE THE 5 STEPS BELOW TO APPLY OR RENEW THE ANNUAL CONTRACTOR REGISTRATION. TO RENEW, YOU MUST BE CURRENT WITH THE SALEM INCOME TAX DEPARTMENT. RENEWALS & NEW APPLICANTS MUST SUBMIT AN INSURANCE CERTIFICATE AND WORKERS COMP. CERTIFICATE.**

YEAR FILING

1

### PRINT ALL INFORMATION

**YOUR STATE OF OHIO CONTRACTOR LICENSE NUMBER:** \_\_\_\_\_

Date: \_\_\_\_\_

**TYPE OF CONTRACTOR:** (General/Plumbing/Electrical, etc.) \_\_\_\_\_

List the address location where you are working: \_\_\_\_\_

E-mail ADDRESS: \_\_\_\_\_

NAME of Business Owner: \_\_\_\_\_

Doing Business As (Business Name): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

2

COMPLETE THE ENCLOSED **INCOME TAX BUSINESS FORM**. IN ADDITION TO THIS FORM, EXISTING BUSINESSES WITH **INCOME TAX ACCOUNTS MUST BE CURRENT** TO RECEIVE A CONTRACTOR REGISTRATION NUMBER.

3

**COMPREHENSIVE GENERAL LIABILITY INSURANCE:**

**MINIMUM REQUIRED: \$500,000.00 (FIVE HUNDRED THOUSAND DOLLARS) EACH OCCURRENCE COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE LIABILITY.....MUST BE CURRENT FOR THE ENTIRE PERIOD OF THIS REGISTRATION.....YOU MUST ATTACH A COPY OF YOUR CERTIFICATE WITH THE CITY OF SALEM LISTED AS A CERTIFICATE HOLDER.**

YOUR INSURANCE AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

4

DO YOU PARTICIPATE IN THE OHIO WORKER'S COMPENSATION PROGRAM: YES  NO

**IF YES, YOU MUST ATTACH A COPY OF YOUR CURRENT CERTIFICATE.**

5

FEE:  
**\$50.00**

MAKE CHECK PAYABLE TO:  
CITY OF SALEM

if mailing:  
mail this form & Income Tax form &  
Ins. Cert & Comp Cert.. & check to:

**CONTRACTOR REGISTRATION**  
City of Salem Zoning Office  
231 S. Broadway Ave.  
Salem, OH 44460

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

NEW   
RENEWAL

### FOR OFFICE USE ONLY

CHECK NUMBER

WA

SUBS

1099

NOTES:

CR

#

**THE CITY OF SALEM  
INCOME TAX DEPARTMENT**

231 South Broadway Avenue  
Salem, Ohio 44460

The City of Salem, Ohio has a **1.25% Municipal Income Tax, effective January 1, 2016**. The following Income Tax Requirements are pursuant to Chapter **181 and 182** of the Codified Ordinance of the City of Salem and Chapter 718 of the Ohio Revised Code.

**REGISTRATION WITH THE INCOME TAX DEPARTMENT**

Each **Resident** Business of the City, or **Non-Resident** Business working in the city, is **required to register** with the Tax Department **Before** the start of any business in Salem.

**ANNUAL TAX RETURN**

All businesses operating in Salem, Ohio are required to file and pay an Annual Salem City Income Tax Return on earned income. This income is based on the profits made and must coincide with the Federal Income Tax Return. A tax filing reminder will be mailed to you at the end of your business year. The Tax Return filing Due Date is April 15 for Calendar Year filers, or 105 days after the end of your fiscal year.

**WITHHOLDING TAX RETURN**

Each employer who employs one or more employees in Salem is required to withhold 1.25% of the employees gross wages. Due to uniformity changes mandated by the State of Ohio, there are now exceptions. Please contact the Salem Income Tax Department to see how this may effect your situation. **This tax is held in trust for the city.** Payment is forwarded monthly or quarterly to this office, on forms furnished for each filing period. Any employee **under the age of 18 years, is exempt**, and no tax should be withheld.

**SUBCONTRACTOR LISTING**

All Employers and Businesses who do work in the city shall present a listing of all employees, contractors or others who may do work for them whose profits, wages or earnings are not presently subject to withholding of the Salem City Income Tax. These **Independent Subcontractors are required to register with the Salem City Tax Department before doing business in Salem.** Please provide the name, address and telephone number of any independent subcontractors you will be using in Salem.

**INCOME TAX INCENTIVES**

Contact our Tax Department for information about our current programs. (330-332-4241 ext 225)

**ZONING PERMIT**

In certain situations a Zoning Permit may be required. Contact the Salem Housing Planning and Zoning Department for information. (330-332-4241 ext 130)

**QUESTIONNAIRE**

A questionnaire is enclosed with these instructions for you to complete and return, along with other required information, to this office, so we may properly set up your account. For further information regarding the City of Salem Income Tax, call or visit our office on the second floor of the City Hall Building.

Information is also available on our Web Page: [www.cityofsalemohio.org](http://www.cityofsalemohio.org)

Office Hours 8:00 – 5:00 Monday -Friday

Fred K Pamer, Income Tax Administrator, The City of Salem, Ohio  
330-332-4241 EXT 225 / FAX 330-337-0246



# SALEM INCOME TAX DEPARTMENT

231 S. Broadway Ave.  
Salem, OH 44460  
Ph: 330-332-4241 Ext. 225 FAX: 330-337-0246  
Email: [taxes@cityofsalemohio.org](mailto:taxes@cityofsalemohio.org)

R # \_\_\_\_\_

D# \_\_\_\_\_

WH # \_\_\_\_\_

## BUSINESS REGISTRATION FORM

**COMPLETE & RETURN THIS REGISTRATION BEFORE STARTING BUSINESS IN SALEM**

COMPANY NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ e-mail: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ 2ND PHONE: \_\_\_\_\_

Location of Project: \_\_\_\_\_  
\_\_\_\_\_

General Contractor: \_\_\_\_\_  
\_\_\_\_\_

FEDERAL EMPLOYER ID: \_\_\_\_\_ SS# \_\_\_\_\_ (required if Sole Proprietorship)

TYPE OF BUSINESS CONDUCTED: \_\_\_\_\_

REASON FOR REGISTRATION: \_\_\_\_\_ Courtesy Withholding for Salem Resident \_\_\_\_\_ Doing Business in Salem this year  
\_\_\_\_\_ Business with a Fixed Location in Salem

DATE JOB STARTED IN SALEM: \_\_\_\_\_ INDICATE TYPE: Sole Proprietorship \_\_\_\_\_ C-Corp \_\_\_\_\_

ACCOUNTING PERIOD: Calendar Year \_\_\_\_\_ Partnership \_\_\_\_\_ S-Corp \_\_\_\_\_  
Fiscal Year \_\_\_\_\_ Trust/Estate \_\_\_\_\_ Non Profit Corp \_\_\_\_\_  
(Fiscal Year end Month ) Other \_\_\_\_\_ (attach 503C)

OWNERS NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

IF CORPORATE SUBSIDIARY: Indicate Parent Company, Name & Address: \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE EMPLOYEES WORKING IN SALEM ?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, enter Federal Employee ID # above)

Will employees be working in Salem less than 20 days this year?: Yes \_\_\_\_\_ No \_\_\_\_\_

Are Payroll Taxes Filed and Paid by a Payroll Service?: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Payroll Service: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**DO YOU HAVE SUBCONTRACTORS WORKING IN SALEM ?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach list of subcontractors  
(Registration is required for all subcontractors, before working in Salem, Ohio)

**DO YOU MAKE RENT OR LEASE PAYMENTS IN SALEM ?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach name & address of landlord(s)

**FOR SALEM BUSINESSES: DO YOU RENT OR LEASE PROPERTY TO OTHERS ?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach name & address of tenant(s)

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_