

APPLICATION FOR EARNED INCOME TAXPAYER ACCOUNT
 City of Wilmington, Delaware
 Department of Finance
 Wage Tax/Business License Division
 800 North French Street
 Wilmington, DE 19801-3537
 (302) 576-2418



Account #

Specific Nature of Business

City of Wilmington Ordinance No. 78-015, Section 30-33 provides, in part, that subject to the Earned Income Tax regulations are:
 "Each employer who employs one or more persons subject to this tax . . . shall deduct monthly or more often than monthly . . . the full tax . . . on the salaries, wages, commissions, and other compensation due from such employer . . ."

COMPLETE AND SUBMIT THIS FORM TO THE **EARNED INCOME TAX DIVISION** TO REQUEST ESTABLISHMENT OF AN EARNED INCOME TAXPAYER ACCOUNT

TYPE OF ACCOUNT REQUESTED	Type of Ownership:
	<input type="checkbox"/> Corporation* <input type="checkbox"/> S - Corporation* <input type="checkbox"/> Employer <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Net Profit <input type="checkbox"/> Estate/Trust* <input type="checkbox"/> LLC <input type="checkbox"/> Lodging Tax <input type="checkbox"/> Non-Profit (501C3 copy required) <input type="checkbox"/> Other <input type="checkbox"/> Holding Company (if exempt under DEL. 1902(B)(8) or 6401(1) Title 30) <input type="checkbox"/> *This entity's activities are limited to passive investments.
IDENTIFICATION NUMBER	<input type="checkbox"/> Federal Employer Identification No.: _____ <input type="checkbox"/> If no FEI, enter Social Security No.: _____

Applicant's Business Location: *Actual physical location or physical location where work will be performed. P.O. Box is not acceptable.*

NAME OF BUSINESS (No more than 30 characters including spaces)			E-MAIL ADDRESS	CONTACT PERSON
ADDRESS LINE 1			FAX NUMBER	FIRST NAME
ADDRESS LINE 2				LAST NAME
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	TELEPHONE NUMBER

Mailing Address: *Address applicant desires information and tax forms to be mailed.*

NAME OF BUSINESS				E-MAIL ADDRESS
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

Business Owner Information: *Actual physical location required. P.O. Box Address is not acceptable.*

NAME OF BUSINESS OWNERS				E-MAIL ADDRESS
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

NAME: (typed) _____

TITLE: _____

Date _____

SIGNATURE: _____