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
Telephone - (302) 576-2418
Fax - (302) 571-6780

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

<table>
<thead>
<tr>
<th>TYPE OF ACCOUNT REQUESTED</th>
<th>IDENTIFICATION NUMBER</th>
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</thead>
<tbody>
<tr>
<td>☐ Corporation*</td>
<td>☐ Federal Employer Identification No.:</td>
</tr>
<tr>
<td>☐ S - Corporation*</td>
<td>☐ If no FEI, enter Social Security No.:</td>
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<tr>
<td>☐ Sole Proprietor</td>
<td>Start Date in City</td>
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<tr>
<td>☐ Net Profit</td>
<td></td>
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<tr>
<td>☐ Estate/Trust*</td>
<td></td>
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<tr>
<td>☐ Lodging Tax</td>
<td></td>
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<tr>
<td>☐ Non-Profit (501C3 copy required)</td>
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<tr>
<td>☐ Holding Company (if exempt under DEL. 1902(B)(8) or 6401(1) Title 30)</td>
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<tr>
<td>☐ Other</td>
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☐ This entity’s activities are limited to passive investments.

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:________