



[www.blueash.com](http://www.blueash.com)

## Income Tax Division

4343 Cooper Road  
Blue Ash, Ohio 45242-5699



(513) 745-8516  
Fax (513) 745-8651  
TTY (513) 745-6251  
[blueashtax@blueash.com](mailto:blueashtax@blueash.com)

### WELCOME TO THE CITY OF BLUE ASH

As a business operating within the City of Blue Ash, it is important that you be aware of those areas of our Tax Ordinance which may apply to you. The Blue Ash earnings tax is levied at the rate of one and a quarter percent (1.25%) on all qualifying wages (including sick and vacation pay), commissions and many other types of compensation, and the net profits from a business or profession. For more information, the City of Blue Ash Tax Ordinance and related tax forms can be obtained from our website at [www.blueash.com](http://www.blueash.com).

### EARNINGS TAX

As an employer you are required to withhold earnings tax in the amount of one and a quarter percent (1.25%) from the qualifying wages of employees working in Blue Ash. Generally, the tax withheld must be remitted to the Blue Ash Tax Office no later than the 15th day of the month following such withholding. If your withholding liability is less than \$300 per month, taxes withheld may be remitted quarterly no later than the last day of the month following the end of the calendar quarter.

Also, if your business has associates or sales staff whose salary or other compensation does not require withholding, such as those on commission or considered as self-employed or sub-contractors, you must furnish this office with the names and addresses of those individuals.

### NET PROFIT

With regard to businesses or professions, the one and a quarter percent (1.25%) net profit tax applies to any self-employed person, partnership, S corporation, corporation, limited liability company or other business entity within Blue Ash or doing business in Blue Ash. Filing is mandatory, which means that an annual Blue Ash Tax Return must be filed whether or not any tax is due. This return must be filed with us no later than the 15th day of the fourth month following your fiscal year end.

In order for us to determine how these requirements apply to your business, we need your cooperation in completing and returning the questionnaire on the reverse side of this letter. We are empowered to request this information under our Ordinance and ask that it be sent to us within ten (10) days from the above date.

If you have any questions, or find that you cannot return this form within ten (10) days, please call the Tax Office at 745-8516, or stop by ..... we're open from 8:00 AM to 5:00 PM, Monday through Friday.

Thank you for your cooperation and compliance with the Blue Ash Tax Ordinance.

Sincerely,  
BLUE ASH INCOME TAX DIVISION

**CITY OF BLUE ASH CONFIDENTIAL BUSINESS QUESTIONNAIRE**

NAME OF BUSINESS: \_\_\_\_\_

FEDERAL ID/TIN NUMBER: \_\_\_\_\_

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

CORPORATE PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

CORPORATE CONTACT PERSON: \_\_\_\_\_

BLUE ASH ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

BLUE ASH PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

BLUE ASH CONTACT PERSON: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

ACCOUNTING PERIOD: \_\_\_ CALENDAR YEAR or  
(mark one) \_\_\_ FISCAL YEAR ENDING \_\_\_\_\_

**TYPE OF BUSINESS (please mark one):**

\_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ S Corporation \_\_\_ Corporation \_\_\_ Ltd. Liability Co. \_\_\_ Non-Profit

**NAMES OF CORPORATE OFFICERS (IF APPLICABLE):**

NUMBER OF EMPLOYEES AT BLUE ASH LOCATION: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ SS# \_\_\_\_\_

APPROXIMATE MONTHLY PAYROLL: \_\_\_\_\_

TREASURER: \_\_\_\_\_ SS# \_\_\_\_\_

**PARTNERS (IF APPLICABLE):**

STARTING DATE OF BLUE ASH ACTIVITY: \_\_\_\_\_

	Name	Address	SS#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ARE THE PREMISES IN BLUE ASH RENTED/LEASED? \_\_\_\_\_

IF YES, FROM WHOM?: \_\_\_\_\_

\_\_\_\_\_

**NON-RESIDENT BUSINESS (CONTRACTORS, VENDORS, ETC.) TEMPORARILY CONDUCTING BUSINESS IN BLUE ASH:**

ADDRESS OF BLUE ASH JOBSITE: \_\_\_\_\_

*ATTACH COMPLETE LISTING WITH ADDRESSES AND PHONE NUMBERS OF ALL SUBCONTRACTORS*

I CERTIFY THE ABOVE INFORMATION TO BE TRUE, COMPLETE, AND ACCURATE.

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

Please return completed form to: Blue Ash Tax Office, 4343 Cooper Road, Blue Ash, OH 45242-5699 or fax to (513) 745-8651