



CITY OF CINCINNATI
FINANCE DEPARTMENT
INCOME TAX DIVISION

THIS SPACE IS FOR OFFICIAL USE ONLY

ATHLETE AND ENTERTAINER
REQUEST FOR REDUCTION OF THE WITHHOLDING TAX
(The Net Income Method)

PERFORMING ENTITY		
Name	Address	City, State, Zip Code
Contact Person	Telephone Number	
Cincinnati Tax Account Number	Federal Identification Number	

WITHHOLDING AGENT		
Name	Address	City, State, Zip Code
Contact Person	Telephone Number	
Cincinnati Tax Account Number	Federal Identification Number	

Net Income and Expenses	
Performance Dates:	Location:
Gross Payment	\$
Expenses (Provide Itemized Listing)	\$
Net Income Subject to Withholding (Gross Payment less Expenses)	\$
Withholding Tax Due @2.1%	\$

AUTHORIZATION STATEMENT:

I declare under the penalties of false statement that I have examined this return and to the best of my knowledge and belief it is true, complete, and correct.

Signature

Printed Name

Date

Remit your request to the following address:
TED NUSSMAN
CINCINNATI INCOME TAX DIVISION
805 CENTRAL AVENUE SUITE 600
CINCINNATI OH 45202