EAST LIVERPOOL INCOME TAX DEPARTMENT

R#

126 West 6th Street

East Liverpool, OH 43920

D#

Ph: 330-385-5437 Fax: 330-385-3955 - Income Tax Dept

BUSINESS REGISTRATION FORM

WH#

COMPLETE & RETURN THIS REGISTRATION BEFORE STARTING BUSINESS IN EAST LIVERPOOL

Location of Project_____

_____

General Contractor:_____

_____

NAME:_____

DBA:_____

BUSINESS ADDRESS:_____

_____

MAILING ADDRESS:_____

TELEPHONE:_____ SECOND PHONE_____

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

NATURE OF BUSINESS CONDUCTED:_____

DATE STARTED IN EAST LIVERPOOL:_____ INDICATE TYPE: Sole Proprietorship_____ C-Corp_____

Partnership_____ S-Corp_____

ACCOUNTING PERIOD: Calendar year_____

Trust-Estate_____ Non-Profit Corp_____

Fiscal year _____

Non Profit Corp_____ (attach 503C)

(Fiscal Year end Month_____)

Other_____

OWNERS NAME & ADDRESS:_____

_____

OVER

IF CORPORATE SUBSIDIARY. INDICATE PARENT COMPANY, NAME & ADDRESS:_____

_____

IF PARTNERSHIP, ASSOCIATION OR OTHER BUSINESS VENTURE ATTACH A LISTING OF NAMES & ADDRESSES OF ALL OWNERS.

DO YOU HAVE EMPLOYEES? Yes_____ No_____ (If yes, enter Federal Employee ID# above)

Person responsible for handling withholding:_____

Mailing address for withholding tax forms:_____

_____ Phone:_____

DO YOU USE SUBCONTRACTORS? Yes_____ No_____ If, yes attach a list of all subcontractors working for you in East Liverpool. (Registration is required for all subcontractors before working in East Liverpool, Ohio).

ARE ANY OTHER PERSONS OR BUSINESSES WORKING FOR YOU IN EAST LIVERPOOL? Yes_____ No_____ If yes, attach explanation

DO YOU OPERATE MORE THAN ONE BUSINESS IN EAST LIVERPOOL? Yes_____ No_____ If yes, attach a listing of all locations.

DO YOU MAKE RENT OR LEASE PAYMENTS? Yes_____ No_____ If yes, attach name & address of landlord(s)

DO YOU RENT OR LEASE PROPERTY TO OTHERS? Yes_____ No_____ If yes, attach name & address of tenants(s)

SIGNATURE/TITLE_____ DATE_____

Tax Department Comments:_____