

**EAST LIVERPOOL INCOME TAX DEPARTMENT**

126 West 6<sup>th</sup> Street

East Liverpool, OH 43920

Ph: 330-385-5437 Fax: 330-386-7865

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**BUSINESS REGISTRATION FORM**

WH#

**COMPLETE & RETURN THIS REGISTRATION BEFORE STARTING BUSINESS IN EAST LIVERPOOL**

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 \_\_\_\_\_

ACCOUNTING PERIOD: Calendar year \_\_\_\_\_

Fiscal year \_\_\_\_\_

(Fiscal Year end Month \_\_\_\_\_)

Partnership \_\_\_\_\_ S-Corp \_\_\_\_\_

Trust-Estate \_\_\_\_\_ Non-Profit Corp \_\_\_\_\_

Non Profit Corp \_\_\_\_\_ (attach 503C)

Other \_\_\_\_\_

OWNERS NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Location of Project _____
_____
General Contractor: _____
_____

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: \_\_\_\_\_