



**City of East Liverpool Income Tax Department**

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East Liverpool, OH 43920  
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Linda Harpold, Tax Commissioner

**BUSINESS REGISTRATION FORM**

**THIS FORM IS TO BE COMPLETED AND RETURNED BEFORE STARTING A  
BUSINESS IN EAST LIVERPOOL OR WITHHOLDING TAXES**

DATE BUSINESS STARTED: \_\_\_\_\_

WITHHOLDING ACCT: \_\_\_\_\_ NET-PROFIT ACCT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FEDERAL EMPLOYER ID: \_\_\_\_\_ SS#: \_\_\_\_\_

DBA: \_\_\_\_\_

BUSINESS/RENTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ACCOUNTING PERIOD:  CALENDAR  FISCAL- END MONTH: \_\_\_\_\_

INDICATE TYPE:  Sole Proprietor  Partnership  Trust/Estate  S-Corp

C-Corp  Non Profit Corp (attach 503C)  Other

EMPLOYEES:  YES  NO APROXIMATE NUMBER: \_\_\_\_\_

GENERAL CONTRACTOR:  YES  NO

SUBCONTRACTORS:  YES  NO

LOCATION OF PROJECT (if applicable): \_\_\_\_\_

PAYROLL SERVICE:  YES  NO

PAYER TYPE: Monthly  Quarterly