



City of East Liverpool Income Tax Department

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East Liverpool, OH 43920

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Sharon Williams, 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 ()