



CITY OF ASHTABULA

INCOME TAX DEPARTMENT

City Municipal Building
4717 Main Ave Ste. A Ashtabula, Ohio 44004
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Income Tax Clerk
440.992.7104

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BUSINESS REGISTRATION APPLICATION

For the purpose of our records, with regard to Ashtabula income tax, please complete and return this form promptly.

Firm Name : _____ Nature of Business: _____

Doing Business As (DBA): _____

Calendar year ending December 31 Y/N Fiscal Year End Date: _____

ASHTABULA Location Address:

City: _____ State: _____ ZIP: _____

Mailing Address: (if different from above) _____

Contact Number: (____) ____ - ____ Type: Cell__ Office__ Home__ Alternate Phone: (____) ____ - ____

Contact Person: _____ Email: _____

Date Operations Began in (*Please check one*): Ashtabula City Ashtabula Township Saybrook Township

Date: _____ and/or Employee Withholding date: _____

Federal Id Number: _____ or Social Security Number, if sole proprietorship: _____

Number of Employees: _____ If none, do you expect to have employees in the future? YES NO

Do you at any time during the year employ persons who *are* subject to Ashtabula Income Tax and from whom you *do not* withhold the city income tax? Yes (please attach a list of such persons, showing names and addresses) No

Type of Business (*Please Check one*): Corporation S-Corporation Partnership Sole Proprietorship
 LLC (single member) LLC (multiple members) LLP

Filing Payroll Taxes (*Please check one*): Monthly Quarterly

Will a payroll company be filing the company's withholding taxes? (*Please check one*):

Yes, name of the Payroll Company _____ No

Does your company lease employees? (*Please check one*):

Yes, name of leasing company _____ No

Does your company use subcontractors? (*Please check one*):

Yes, attach a list with name, address and phone numbers of subcontractor(s) _____ No

If the current business is the successor to a pre-existing business (e.g. due to incorporation, mergers, etc...), please indicate the name, address and FID number of the company: _____

Name and Address of Corporate Officers or Partners. Use back of form, or submit alternative documents

COURTESY WITHHOLDING? Yes NO If yes, you are REQUIRED to provide employee(s) name, ssn, and Ashtabula address. Use back of form, or submit alternative documents.

SIGNATURE _____ DATE _____

(For Tax Office Only)

CITY FILE NO. _____ JEDD ACCOUNT? YES NO