



CITY OF ASHTABULA

INCOME TAX DEPARTMENT

P.O. BOX 601
ASHTABULA, OHIO 44005-0601

(For Tax Office Only)
FISCAL PERIOD
CODE

BUSINESS REGISTRATION APPLICATION

For the purpose of our records, with regard to Ashtabula Income Tax, please complete and return this Questionnaire

- 1A. Local name and address as used for business purposes: Trade Name, Address, 1B. I.D. Numbers: Federal I.D. #, Social Security #, 2A. Nature of business conducted, 2B. Location, 3. Accounting period used for Federal Income Tax purposes: (Check which — if Fiscal Year, write ending date) [] Calendar Year ending December 31, [] Fiscal Year ending

- 4. Date business started in Ashtabula, 5. Do you now employ one or more persons?, 6. Do you expect to have employees in the future?

NOTE: You may have persons in your employ who are subject to Ashtabula Income Tax, but from whom you are not required to withhold the Tax. For example, complete employer-employee relationships do not exist, as in the case of contract labor, independent commission sales brokers, etc. The next question covers such cases.

- 7. Do you at any time during the year employ person WHO ARE SUBJECT TO ASHTABULA INCOME TAX and from whom you do NOT withhold the City Income Tax? ATTACH LIST OF SUCH PERSONS, showing names and addresses. 8. Type of ownership — check which: Individual Proprietorship, Corporation, Partnership, Non-profit Corporation, 9. If partnership, association or other unincorporated joint business venture, indicate HOW the Ashtabula Income Tax Return, upon the net profit, will be filed and paid. Check which: (a) in full by the business; or (b) Separately by the individual members on proportionate shares

- 10. Address to which tax forms are to be mailed: Send Business Net Profit Tax Return Form to: Name, Care of, Street Address, City, State, Zip; Send Withholding Report Tax Form to: Name, Care of, Street Address, City, State, Zip

NOTE: If all forms go to the same address, complete left side only, and write "Same" across face of right side.

(COMPLETE QUESTIONS ON REVERSE SIDE ALSO)

11. Owner's name and address.

(a) If Individual proprietorship, give owner's name and address:

(b) If corporate subsidiary, give name and address of parent company main office:

Name _____

Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(c) If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, associates, or members in venture.

Name	Street Address	City	State
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(1) _____

(2) _____

(3) _____

(4) _____

NOTE: Throughout this questionnaire wherever listings are requested — Attach separate lists if sufficient spaces have not been provided.

12. With reference to real estate properties located WITHIN The City of Ashtabula:

Does the business occupy, as tenant, real property in Ashtabula rented FROM others? _____ If so, to whom is rent paid? (Give owner, if known, otherwise his agent.)

Name	Street Address	City	State
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(1) _____

(2) _____

(3) _____

(4) _____

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct. — Signature:

Name (if individual) _____

Company _____

Date Signed _____

By _____ Title _____

Your Phone No. _____ Ext. _____

Address _____

City _____ State _____