



# CITY OF ASHTABULA

## INCOME TAX DEPARTMENT

City Municipal Building  
4250 Lake Avenue Ashtabula, Ohio 44004

Website: [www.cityofashtabula.com](http://www.cityofashtabula.com)

Phone: 440.992.7104

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**Jeannine Hamper**

*Income Tax Specialist*

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