



CITY OF ASHTABULA

INCOME TAX DEPARTMENT
City Municipal Building
4250 Lake Avenue, Ashtabula, Ohio 44004
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Gwendolyn Rebera

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