

City of Toledo
Division of Taxation

One Government Center, Ste 2070, Toledo, OH 43604, Office (419) 936-2020, Fax (419) 936-2320
Email: incometax@toledo.oh.gov

ACCT# _____ Date: _____

Business Registration Form

FAILURE TO FULLY COMPLETE MAY RESULT IN DELAYS IN PROCESSING

Business/Account Type:

☐ (R) Schedule C or E ☐ (B) Form 1065 ☐ (C) Form 1120/1120S ☐ (B) Form 1041 ☐ (X) Form 990 ☐ (W) Withholding
(Single Member LLC / Sole Proprietorship) (Partnership) (Single Member LLC / Corporation) (Association / Trust) (Non-Profit Entity) (Voluntary Withholder)

FEDERAL TAX ID # (If Applicable) _____

Toledo Business Name

Business Name

Toledo Address (if different)

Business Address

Toledo Address City, State, Zip

Business City, State, Zip

Provide the name and FEIN under which the withholding tax will be remitted (if different)

Business Phone #

Name (if different)

FEIN (if different)

Business Fax #

Email Address

1. Starting date of Toledo activities _____

2. Are there now or will there be employees subject to Toledo income tax? Yes _____ No _____ Remote Only _____

Will you be filing monthly (withholding > \$200/month)? Yes _____ No _____ Payroll starting date _____

3. Accounting period: Calendar Year? _____ or Fiscal Year Ending _____

4. Nature of business _____

5. Do you now or will you conduct business within Toledo city limits? Yes _____ No _____

Corporate Officers/Non Profit Board Members:

Name

Residential Address

Social Security # (Required):

President: _____

Treasurer: _____

Partners: (attach additional sheets if necessary):

Name

Residential Address

Social Security # (Required):

Sole Proprietor: (including Single Member LLC):

Name

Residential Address

Social Security # (Required):

Signature _____

Title _____

Printed Name _____

Date _____

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