

For Office Use Only

ACCT #

Date:

**City of Toledo
Division of Taxation**

One Government Center, Ste 2070, Toledo, OH 43604, Office (419) 245-1662, FAX (419) 936-2320
Email: incometax@toledo.oh.gov

New Business Registration Form

Business/Account Type:

- (R) Schedule C or E
 (B) Form 1065
 (C) Form 1120/1120S
 (B) Form 1041
 (W) Withholding

| | |
|---|----------------------------------|
| 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 | Mailing Address (if different) |
| Business Phone # | Mailing Address City, State, Zip |
| Business Fax # | Email Address |

- Starting date of Toledo activities _____
- Are there now or will there be employees subject to Toledo income tax? Yes _____ No _____
 Will you be filing monthly (withholding > \$200/month)? Yes _____ No _____ Payroll starting date _____
- Accounting period: Calendar Year? _____ or Fiscal Year Ending _____
- Nature of business _____
- If your address is not in Toledo, do you conduct business within Toledo city limits? Yes _____ No _____

Corporate Officers:

| | | |
|--------------------|-----------------------------------|----------------------------------|
| <u>Name</u> | <u>Residential Address</u> | <u>Social Security #:</u> |
|--------------------|-----------------------------------|----------------------------------|

President: _____

Treasurer: _____

Partners: (attach additional sheets if necessary):

| | | |
|--------------------|-----------------------------------|----------------------------------|
| <u>Name</u> | <u>Residential Address</u> | <u>Social Security #:</u> |
|--------------------|-----------------------------------|----------------------------------|

Sole Proprietor: (including Single Member LLC):

| | | |
|--------------------|-----------------------------------|----------------------------------|
| <u>Name</u> | <u>Residential Address</u> | <u>Social Security #:</u> |
|--------------------|-----------------------------------|----------------------------------|

Signature _____ Title _____

Printed Name _____ Date _____