



CITY OF LORAIN INCOME TAX DEPARTMENT
605 WEST 4TH STREET, LORAIN OH 44052

RESIDENT BUSINESS REGISTRATION
Lorain City Income Tax Rate 2.5%

Company Name: _____

SSN or Fed ID# _____

DBA or

Trade Name: _____

Date Started or Acquired
in Lorain: _____

Lorain Address: _____

Lorain Phone: _____

Lorain Fax: _____

E-mail Address: _____

Address of Main Office: _____

Phone: () _____

E-mail Address For _____

Accounting Period Used:
Calendar Year _____ FYE Month _____

Net Profit Accounts:

E-mail Address For _____

Number of Persons Employed in Lorain: _____

Withholding Accounts:

OR: Payroll Service (no forms will be sent)

Type of Ownership: Corporation Partnership 1120S Individual Non-Profit

Other: _____

Complete The Following Information For All Partners, Officers And/or Associates:

Name: _____

SSN#: _____

Address: _____

Name: _____

SSN#: _____

Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____

Phone: _____

Address: _____

Signature

Print Name

Date

