



CITY OF LORAIN INCOME TAX DEPARTMENT  
605 WEST 4<sup>TH</sup> STREET, LORAIN OH 44052 INCOMETAX@CITYOFLORAIN.ORG

**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:**

Net Profit Accounts:

Calendar Year \_\_\_\_\_ FYE Month \_\_\_\_\_

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

