



## WITHHOLDING AND BUSINESS REGISTRATION

City Of Lorain Income Tax Division  
 605 West 4<sup>th</sup> Street, Lorain OH 44052  
 Phone: 440-204-1002 / Fax: 440-204-1006  
 Email: [Incometaxmailgroup@cityoflorain.org](mailto:Incometaxmailgroup@cityoflorain.org)  
 Web: <http://www.cityoflorain.org/treasurer/>

**TAX RATE 2.00%**

**ALL INFORMATION IS REQUIRED; ALL INFORMATION IS CONFIDENTIAL**

Company Name:	Phone #:
DBA:	Fax #
Email Address:	
Local business or Job Site Address:	
Business Start Date in Lorain:	If Temporary, Anticipated Ending Date:
Nature of Business:	Number of Employees:
Federal ID # (EIN):	NAICS # (if known):

**CHECK BUSINESS TYPE**

Sole Proprietor:	Partnership:	S-Corporation:	Corporation:
Limited Liability Co:	Non-Profit Corp:	Estate or Trust:	Other:
SOLE PROPRIETOR Name:			
Address:			
Social Security	Phone #:	Email:	
For PARTNERSHIP Entities: List on the Back of this Form the Full Names, Addresses, Social Security # and Phone # of Each Partner			
For CORPORATION: List on the back of this form the Full Name, Address, Social Security # and Phone # of Each Officer			
For S CORPORATION: List on the back of this form the Names and Addresses of all Shareholders			
Indicate Accounting Period: Calendar Year (Y/N):		OR	Fiscal Year Ending (mm//dd):
Company's Accountant Name/Address/Phone #:			

**PAYROLL INFORMATION**

Will You Be Withholding Employment Taxes, Yes or No:
Will The Withholding Be More Than \$2,000.00 Per Month, Yes or No:
Will You Only Be Withholding As A Courtesy For A Lorain Resident, Yes or No:
- If Courtesy Withholding, Please Give Name And SSN:
- Date Withholding Will Begin:
Do You Presently Use An Outside Payroll Service, Yes or No:
- If Yes, Please Give Name of Payroll Service:
Do You Lease Employees From An Employment Agency, Yes or No:
NOTE: All taxable income not reported on a W-2 Form must be submitted on a 1099 Misc. Form by Jan. 31 <sup>st</sup> of each filing year.
Full Name, Address and Phone # of the Person(s) or Entity to Whom Your Lorain Location Pays Rents:

**IF BUSINESS WAS AN OUTGROWTH OF ANOTHER; PLEASE COMPLETE THE FOLLOWING**

Name of Former Owner(s):	
Trade Name (if any):	ID #:
Mailing Address:	
Type of Organization: Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>
Corporation <input type="checkbox"/>	S Corporation <input type="checkbox"/>
Association <input type="checkbox"/>	
Nature of Change: Sale <input type="checkbox"/>	Discontinuance <input type="checkbox"/>
Change in Organization <input type="checkbox"/>	Other: <input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

