

**CITY OF LORAIN, OHIO**  
**DEPARTMENT OF TAXATION**  
**605 WEST 4<sup>TH</sup> STREET**  
**LORAIN, OHIO 44052-1605**

**ORIGINAL**  
**FOR TAX OFFICE USE ONLY**  
Account Type: \_\_\_\_\_  
W/H Acct.: \_\_\_\_\_

**BUSINESS REGISTRATION FORM**

Please Complete Fully, Sign and Return Within 10 Days

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1. Local names as used for business purposes, \_\_\_\_\_
2. Local address \_\_\_\_\_  
\_\_\_\_\_
3. Federal Identification Number \_\_\_\_\_
4. Is above address the name office or branch office \_\_\_\_\_  
If branch, give name of address of main office \_\_\_\_\_  
\_\_\_\_\_
5. Nature of business conducted \_\_\_\_\_
6. Date Started or acquired in Lorain \_\_\_\_\_
7. If place of business is located outside of Lorain, do you have earnings resulting from activity in Lorain?  
YES or NO (Circle one)
8. Accounting period used for Federal Income Tax purposes: \_\_\_ Calendar Year, ending 12/31  
\_\_\_ Fiscal Year, ending \_\_\_\_\_
9. Do you now employ one or more persons? YES or NO (Circle one)
10. Do you at anytime during the year, employ persons who are subject to the Lorain Income Tax and from whom you do not withhold? (i.e. contract labor, independent commission sales brokers, etc.)  
YES or NO (Circle one)  
Copies of all 1099 Misc. Forms for the above mentioned persons are required to be filed by January 31<sup>st</sup>.
11. Type of business ownership: Individual Proprietorship \_\_\_\_\_; Corporation \_\_\_\_\_; Partnership \_\_\_\_\_;  
Limited Liability Company \_\_\_\_\_; Association \_\_\_\_\_; Non-profit Corporation \_\_\_\_\_; other \_\_\_\_\_

11. Owner's name and address:

If Individual Proprietorship:

Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_

b) If Corporation:

Corp, FID# \_\_\_\_\_  
Address \_\_\_\_\_  
President's Name \_\_\_\_\_  
President's SSN \_\_\_\_\_  
Statutory Agent \_\_\_\_\_  
Address \_\_\_\_\_

12. Accounting Firm:

Name \_\_\_\_\_  
Address \_\_\_\_\_

13. Address to which tax forms are to be mailed:

Corporate Net Profit/Loss Return (Form LIT)  
Name \_\_\_\_\_  
ATTN. \_\_\_\_\_  
Address \_\_\_\_\_

b) Withholding Statements (Form W-1 & W-3)

Name \_\_\_\_\_  
ATTN. \_\_\_\_\_  
Address \_\_\_\_\_

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

Company Representative:

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_

Date Signed \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS REGARDING THIS QUESTIONNAIRE PLEASE CALL US AT (440) 204-1002 OR FAX US AT (440) 204-1006, MONDAY THRU FRIDAY 8:30 AM TO 4:30 PM.