

City of Lorain Income Tax Department  
605 W. Fourth St. Lorain Ohio 44052

Phone: (440) 204-1002 Fax: (440) 204-1006

incometax@cityoflorain.org

[[Date Letter Printed]]

Account number: [[File Number]]

[[Block Address]]

According to Lorain's Income Tax Ordinance, all companies doing business in Lorain must register with this office.

- Net profit/loss taxes on the Lorain activity are to be filed and paid at the end of the calendar or fiscal year, whichever is applicable.
- Employee withholding taxes are to be filed and paid quarterly.
- **The City's tax rate is 2.5%.** (prior to 1-1-2013 tax rate was 2%)
- Employee W-2 Forms, 1099 Forms and the Employer Reconciliation of Withholding Form (W-3) are due by January 31st following the year in which the income was earned.
- Business owners using Independent Contractors must supply each with a Federal 1099 Miscellaneous Form (supplemental income)

Enclosed is a Business Registration form which is to be completed and returned to us. Also enclosed is an Employee Withholding Tax Form (W-1) to report the Lorain employees' local income tax.

**To avoid any penalties and interest, all returns must be filed when due. Failure to comply with the above is in direct violation of the City of Lorain Income Tax Ordinance #152-94, which is punishable by fine and/or imprisonment.**

If you have questions or need assistance in this matter, call or stop by this office Monday through Friday, 8:30am to 4:00pm.

Thank you for your cooperation in this matter.

LORAIN DEPARTMENT OF TAXATION

[[Auditor Inits]]

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Data Privacy: For your protection, please remember to mask sensitive data, such as account numbers and tax identification numbers on all emails (e.g. for TIN XX-XXX1234, for account XXXXX5789)

Income Tax office hours: Lobby/Payments/Personal Service: M-F 8:30am to 4:00pm

Office/Phone Calls: M-F 8:30am to 4:30pm



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

**RESIDENT / NON-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

Sub-contractor Name/Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name/Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name/Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
Sub-contractor Name/Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name/Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

\*\*\*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.