

**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 4TH 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: _____

E-mail Address: _____

Phone: () _____

Address of Main Office: _____

Accounting Period Used:
Calendar Year _____ FYE Month _____

E-mail Address For _____

Number of Persons Employed in Lorain: _____

Net Profit Accounts:

E-mail Address For _____

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
	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
	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.