



CITY OF LORAIN INCOME TAX DEPARTMENT
605 WEST 4TH STREET, LORAIN OH 44052
PHONE (440) 204.1002 FAX (440) 204.1006

BUSINESS REGISTRATION FORM
Lorain City Income Tax Rate 2.5%

Company Name

DBA or Trade Name: _____

SSN or Fed ID #: _____

Nine Digit Number

Contact Name: _____

Date Started or Acquired
in Lorain: _____

Lorain Job Site

Address: _____

Lorain Phone: _____

Main Office Address: _____

Lorain Fax: _____

E-Mail Address: _____

Phone: () _____

E-mail Address For
Net Profit Accounts: _____

Accounting Period Used:
Calendar Year _____ FYE Month _____

E-mail Address For
Withholding Accounts: _____

Number of Persons Employed in Lorain: _____

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: _____

SS#: _____

Address: _____

Name: _____

SS#: _____

Address: _____

If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:

Name: _____

Phone: _____

Address: _____

Signature

Print Name

Date