

# CCA-DIVISION OF TAXATION

1701 Lakeside Avenue  
Cleveland, Ohio 44114

General (216) 664-2070  
Individual Audit 664-2083 • Corporate Audit 664-2079 • Compliance Dept. 664-2087 • Legal Dept. 664-2087 • Forms & Registration 664-9813

Tax Assistance 664-2075 • Billing 664-2075

Toll Free (in Ohio) 1-800-223-6317

www.ccatax.ci.cleveland.oh.us

Fax (216) 664-4481

## WITHHOLDING AND BUSINESS REGISTRATION

DATE BUSINESS STARTED \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

NAME OR CORPORATE NAME \_\_\_\_\_

BUSINESS OR TRADE NAME \_\_\_\_\_

BUSINESS ADDRESS IN TAXING COMMUNITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED

\*\*\*\*\*

### CHECK BUSINESS TYPE:

SOLE PROPRIETOR**	_____	CORPORATION	_____
PARTNERSHIP	_____	LIMITED LIABILITY CO	_____
S-CORPORATION	_____	NON-PROFIT CORP	_____
ESTATE OR TRUST	_____	GOVERNMENTAL	_____
FINANCIAL ORG.	_____	UNION	_____
OTHER	_____ (Detail)		

**\*\*MUST COMPLETE BOTH SIDES OF THIS FORM**

*It is your responsibility to advise this office of any changes in your status*

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WILL YOU BE WITHHOLDING EMPLOYMENT TAXES? YES \_\_\_\_\_ NO \_\_\_\_\_

FOR WHAT CITY(S) \_\_\_\_\_

MORE THAN \$100.00 PER MONTH? YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF EMPLOYEES IN CCA? \_\_\_\_\_ FIRST PAYROLL DATE \_\_\_\_\_

WILL YOU BE WITHHOLDING RESIDENCE TAXES? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF BUSINESS (MFG., COMMERCIAL, ETC.) \_\_\_\_\_

FISCAL PERIOD ENDING MONTH \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR FILING FORMS:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MEMBERS

Ada	Creston	Geveva on the Lake	Madison	Northfield	Peninsula	Timberlake
Andover	Dunkirk	Grand Rapids	Medina	North Baltimore	Perry	Wadsworth
Bratenahl	Euclid	Grand River	Mentor	North Perry	Rock Creek	Warrensville Hts.
Burton	Fairport Harbor	Highland Hills	Mentor on the Lake	North Randall	Rocky River	Willoughby
Chardon	Gates Mills	Liberty Center	Metamora	Orwell	Seville	Willoughby Hills
Cleveland	Geneva	Linndale	Middlefield	Painesville	South Russell	

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## INDIVIDUAL REGISTRATION FORM MUNICIPAL INCOME TAXES

Move in Date: \_\_\_\_\_ Phone No. \_\_\_\_\_

Primary Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Spouse Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prior Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Lived at prior address.... From \_\_\_\_\_ To \_\_\_\_\_

### LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

NAME	AGE	SOCIAL SECURITY NO.	CITY WHERE EMPLOYED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S) - INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST.

COMPANY NAME	ADDRESS/CITY	CHECK ONE
1. _____	_____	SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
2. _____	_____	SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
3. _____	_____	SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
4. _____	_____	SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

### CHECK OTHER SOURCES OF INCOME:

RENT  SOC. SEC.  PENSION  SELF-EMPLOYED  OTHER  \_\_\_\_\_

TRADE NAME AND ADDRESS IF SELF-EMPLOYED \_\_\_\_\_

**IF REGISTRATION IS FOR EMPLOYERS OR BUSINESS YOU MUST COMPLETE  
THE REVERSE SIDE OF THIS FORM**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

THE ABOVE SIGNED DECLARES THAT THIS STATEMENT IS TRUE AND CORRECT.

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