

REGIONAL INCOME TAX AGENCY

BUSINESS REGISTRATION FORM 48

CITY OF _____

A

FEDERAL IDENTIFICATION NUMBER
_____-_____-_____-_____-_____-_____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)
_____-_____-_____-_____-_____-_____

PLEASE CHECK YOUR FILING STATUS: SOLE PROPRIETOR PARTNERSHIP (SEE INSTRUCTIONS ON BACK) NON-PROFIT CORPORATION

LOCAL NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES
BUSINESS NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE
BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS
NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY S.I.C. CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

- S.I.C. _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
- RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NONCLASSIFICATION

B

EMPLOYEE INFORMATION
DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY **ONE**) YES NO ARE SUB-CONTRACTORS UTILIZED? (CHECK ONLY **ONE**) YES NO
IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.
APPROXIMATE NUMBER OF EMPLOYEES: _____ APPROXIMATE MONTHLY GROSS PAYROLL: _____
PLEASE CONTACT OUR BUSINESS REGARDING A VOLUNTARY RESIDENCE WITHHOLDING PROGRAM YES NO

SEND WITHHOLDING TAX FORM TO
BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

C

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND THE NET PROFIT TAX RETURN TO
BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE _____ DATE: _____

PRINT NAME _____ TITLE: _____ PHONE: _____

SEND RESPONSE TO:

ATTN: BUSINESS REGISTRATION
REGIONAL INCOME TAX AGENCY
P.O. BOX 477900
BROADVIEW HTS., OHIO 44147-7900

CLEVELAND LOCAL	(440) 526-0900
COLUMBUS LOCAL	(614) 538-0512
TDD ONLY	(440) 526-5332
TOLL FREE OHIO	(800) 860-RITA
FAX NUMBER	(440) 526-8813

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions contact the Business Registration Department at one of the above numbers. Thank you for your cooperation.

GENERAL INSTRUCTIONS:

SECTION A

Completion of this section is required of every business entity in possession of this form.

NOTE: If **partnership** filing status is chosen, please enclose an attachment with all partners' social security numbers, names, addresses and phone numbers.

SECTION B

Completion of this section is required by any business utilizing employees or subcontractors.

SECTION C

Completion of this section is required of every corporation, partnership, trust or estate whether a resident or non-resident that conducts business in a R.I.T.A. municipality.