

WITHHOLDING AND BUSINESS REGISTRATION

CITY OF GENEVA
DIVISION OF TAXATION
44 NORTH FOREST STREET
GENEVA, OH 44041

Phone: (440) 466-3913 Fax: (440) 466-0685

TAX OFFICE USE ONLY
ACCOUNT NO _____

The following information is necessary for our records. **PLEASE COMPLETE AND RETURN IN 10 DAYS.** Complete all required information. If you have any questions, please call our office.

BUSINESS NAME _____ DBA NAME _____

STREET ADDRESS _____

CITY, STATE, AND ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

FEDERAL ID OR SS NUMBER _____ E-MAIL ADDRESS _____

CHECK ONE: SOLE PROPRIETORSHIP ___ PARTNERSHIP ___ S CORP ___ TRUST/ESTATE ___
NON-PROFIT CORP ___ MUST ATTACH 503(C) GOVERNMENT ___ OTHER ___

WILL YOU BE WITHHOLDING MORE THAN \$200.00 PER MONTH IN CITY TAXES? Y ___ N ___
NUMBER OF EMPLOYEES _____ COURTESY WITHHOLDING YES ___ NO ___

DO YOU NEED WITHHOLDING FORMS? YES ___ NO ___

DO YOU USE A PAYROLL SERVICE? YES ___ NO ___ IF YES, PROVIDE NAME:

PLEASE PROVIDE NAME AND ADDRESS OF EMPLOYEE(S) THAT YOU ARE REMITTING WITHHOLDING:

DO YOU USE SUBCONTRACTORS? YES ___ NO ___. IF YES, ATTACH A LIST OF SUBCONTRACTORS USED IN THE LAST 12 MONTHS. ALL BUSINESSES ARE REQUIRED TO SUBMIT COPIES OF IRS FORMS 1099-MISC TO GENEVA INCOME TAX DEPARTMENT BY FEBRUARY 28TH OF EVERY YEAR.

TYPE OF BUSINESS (MFG., COMMERCIAL, ETC.) _____

DATE BUSINESS BECAME SUBJECT TO GENEVA TAX _____

FISCAL PERIOD ENDING MONTH _____

NAME OF PERSON RESPONSIBLE FOR FILING FORM _____ TITLE _____

TELEPHONE NUMBER () _____

SIGNATURE _____ DATE _____