

Business Registration Form

Tax rate 1.5%



Phone 330-263-5226

Fax 330-263-5262

Business Type:

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	S-Corp	<input type="checkbox"/>	Estate & Trust
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Sole Proprietor/LLC
<input type="checkbox"/>	Partnership		

NAICS #: _____

Registering:

<input type="checkbox"/>	Courtesy Withholding	
<input type="checkbox"/>	Working in Wooster	Start date: _____
<input type="checkbox"/>	Business located in Wooster	

Wooster Address: _____

Company Information:

Name: _____

Fed ID#: _____

Address: _____

Phone#: _____

City/State/Zip: _____

Email: _____

Mailing Address (withholding forms if different from above)

Mailing Address (net profit tax forms if different from above)

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

If a partnership, list on the back of this form the names and addresses of all partners

If an "S" Corporation, list on the back of this form the names and addresses of all shareholders

Will you be filing a consolidated return Yes No

If yes, Company Name: _____ Fed ID#: _____

Filing Status:

Calendar Year Fiscal year/ month ending _____

Withholding Information:

Do you utilize a payroll service or remit payment on the Ohio Business Gateway? Yes No

If yes, please list your payroll provider or Ohio Business Gateway _____

Do you have employees working in Wooster? Yes No

Number of employees working in Wooster: _____

Is your withholding filed under a 3rd party (PEO)? Yes No

If yes, list Company Name and Federal ID: _____

Print name

Title

Phone number

Signature

Date

Mail form to:
 City of Wooster Income Tax Department
 PO Box 1088
 Wooster, OH 44691