

PLEASE RETURN COMPLETED FORM WITHIN 15 DAYS

City of Centerville

100 West Spring Valley Road, Centerville OH 45458- 937/433-7151 – Fax: 937/433-0310

OFFICIAL INCOME TAX INFORMATION – BUSINESS REGISTRATION

Local name and address as used for business purposes:

Trade Name: _____ Federal ID # _____

Street Location in Centerville: _____

Nature of business conducted: _____

Beginning date of business in Centerville: _____

Accounting Period: (please check one) ___ calendar year end 12-31 ___ fiscal year ending _____

Do you now employ one or more persons? _____ Courtesy Withholding? _____

Do you expect to have employees in the future? _____

Do you at any time employ persons who are subject to Centerville income tax and from whom you do not withhold city income tax (such as subcontractors, independent commission sales brokers, etc.)? _____

If yes, please attach a list of such persons showing names and addresses.

Type of business ownership (check one):

- _____ Sub Contractor
- _____ Corporation
- _____ Sub S
- _____ Individual
- _____ LLC

- _____ Non-profit Corp
- _____ Partnership
- _____ Rental
- _____ Sole Proprietorship

Send business net profit return form to:

Name: _____

Address: _____

Phone #: _____

Send withholding report forms to: (if different from net profit)

Name: _____

Address: _____

Phone #: _____

Owner's Name and Address

If individual proprietorship, give owner's name and address:

Name: _____

Address: _____

City: _____ State _____

If corporate subsidiary, give name and address of parent company main office:

Name: _____

Address: _____

City: _____ State _____

~PLEASE COMPLETE BOTH SIDES~

If partnership, association, or other unincorporated joint business venture, list names and addresses of partners, Associates or members of venture:

Name	Address	City	State
(1)			
(2)			
(3)			
(4)			

With reference to real estate properties located **WITHIN** the City of Centerville:

Does the business occupy as tenant, real property in Centerville rented FROM others? _____ If so, to whom is rent paid (give owner or his agent):

Name	Address	City	State
(1)			
(2)			
(3)			
(4)			

SUPPLEMENTAL INFORMATION

The information hereby submitted is true and correct. Signature:

Name (if individual) _____ Company: _____

Date Signed: _____ By: _____ Title: _____

Your Phone #: _____ Ext: _____ Address: _____

Email: _____ City: _____ State: _____