

PLEASE RETURN COMPLETED FORM WITHIN 15 DAYS

\*\*\*PLEASE NOTE: ACCOUNT NUMBERS ARE NOT ASSIGNED.\*\*\*  
THE FEDERAL ID NUMBER WILL BE USED AS THE ACCOUNT NUMBER.

# 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 if business is conducted 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? \_\_\_ Do you expect to have employees in the future? \_\_\_

Withholding Centerville tax for a resident employee? \_\_\_\_\_

If courtesy only, list employee's address: \_\_\_\_\_

Withholding Centerville tax for remote employee? \_\_\_\_\_

If remote employee, list employee's address: \_\_\_\_\_

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:  
(Does not apply to remote and courtesy withholding)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

### Owner's Name and Address

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

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: \_\_\_\_\_