

## City of Brunswick, Ohio

Income Tax Department, 4095 Center Rd., Brunswick, OH 44212 (330) 558-6815 Fax: (330) 273-8023

## **Business Registration**

Company Name				
DBA:		Fax #		
Federal Identification #		Or Owner's Social S	ecurity#	
Local Business or job-site address	<del></del>			
Mailing address, if different from above	e			
Initial date of business in Brunswick _		Number of En	ployees in Brunswick	
Nature of business:		····		
Landlord's name, address, and phone				
Type of account needed: Net Profit Or *** THE F	EDERAL ID # IS A	ALSO USED AS THE ACCO	UNT # ***	
	Check	Business Type		
Sole Proprietor			fit Corp	st 🗌
For <b>Corporation, Partnership Entiti</b> phone #'s of each owner, Officer and/o				/ #'s, and
1)				
2)				· · · · · · · · · · · · · · · · · · ·
3)				
*List the name and address of any sub				
Accounting period: Calendar Year		<del></del>		
Will you be withholding employment to	axes?	oll Information	Yes □	No 🗌
Date withholding will begin?  Do you currently use an outside payro	oll service?		Yes	No 🗌
If yes, please provide name of the pay			Yes 🗍	 No □
Do you lease employees from an emp Will the withholding be more than \$20			Yes ☐	No 🗌
Will you be withholding as a courtesy	for a Brunswick re		Yes 🗌	No 🗌
If courtesy withholding, please give Na	ame, Address, and	SS # of Brunswick resident		
Signed:		Dat	e:	
Print Name and Title:				