



City of Brunswick, Ohio

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

Business Registration

Company Name: _____ Phone #: _____

DBA: _____ Fax #: _____

Federal Identification #: _____ Or Owner's Social Security # _____
*** THE FEDERAL ID # IS ALSO USED AS THE ACCOUNT # ***

Local Business or job-site address _____

Mailing address, if different from above _____

Initial date of business in Brunswick _____ Number of Employees in Brunswick _____

Nature of business: _____

Landlord's name, address, and phone number, if renting building space: _____

Type of account needed: Net Profit Only Net Profit & Withholding Withholding Only Courtesy Only (Residence)

Check Business Type Corporation Partnership Sole Proprietor S-Corporation Non-Profit Corp
Estate or Trust Other (please define) _____

For **Corporation, Partnership Entities, or Sole Proprietors**; list full name(s), address(es), social security #'s, and phone #'s of each owner, Officer and/or partner (Use back if additional space is needed)

1) _____

2) _____

3) _____

Will you be using Sub-Contractors? Yes No ***If Yes: List the Name and Address of any Sub-Contractors that you will use on the back.**

(If not currently known, you must notify the City of Brunswick upon hire with the required information)

Accounting period: Calendar Year _____ Fiscal Year _____ Month Ending _____

Payroll Information

Will you be withholding employment taxes? Yes No

Date withholding will begin? _____

Do you currently use an outside payroll service? Yes No

If yes, please provide name of the payroll service _____

Do you lease employees from an employment agency? Yes No

Will the withholding be more than \$200 per month? Yes No

Will you be withholding as a courtesy for a Brunswick resident? Yes No

If courtesy withholding, please give Name, Address, and SS# of Brunswick resident: _____

Signed: _____

Date: _____

Print Name and Title: _____

