



CITY OF CINCINNATI INCOME TAX DIVISION NEW ACCOUNT APPLICATION

Complete this form and send to:
 Cincinnati Income Tax Division
 805 Central Avenue Suite 600
 Cincinnati, OH 45202-5756
 Phone: (513) 352-2546 Fax: (513) 352-3855
 Website: www.cincinnati-oh.gov/citytax

COMPANY NAME: _____ DBA: _____ STREET ADDRESS: _____ CITY/STATE/ZIP CODE: _____ PHONE NO: _____ FAX NO: _____ SOC. SEC. NO: _____ FED. ID NO: _____ CONTACT PERSON: _____	CINCINNATI LOCATION: (If different from Company Address) STREET ADDRESS: _____ CITY/STATE/ZIP CODE: _____ LOCAL PHONE NUMBER: _____ EMAIL ADDRESS: _____ LOCAL CONTACT PERSON: _____
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TYPE OF BUSINESS ENTITY (Check the box that applies to your business):

CORPORATION
 S-CORPORATION
 PARTNERSHIP
 SOLE PROPRIETORSHIP
 LLC
 SINGLE MEMBER LLC
 JOINT VENTURE
 TRUST
 VOLUNTARY WITHHOLDER
 NON-PROFIT
 OTHER _____
(Specify)

NATURE OF BUSINESS: _____ **FISCAL YEAR END** (*Jan through Dec*): _____

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN CINCINNATI? YES NO

DATE **BUSINESS ACTIVITY** BEGAN IN CINCINNATI: _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? YES NO

DATE **WITHHOLDING ACTIVITY** BEGAN IN CINCINNATI: _____

WILL YOUR WITHHOLDING PAYMENTS EXCEED \$300.00 PER MONTH? YES NO

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): _____

PAYROLL COMPANY CONTACT AND PHONE NUMBER: _____

CORPORATION:

NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
PRESIDENT: _____	_____	_____
TREASURER: _____	_____	_____

PARTNERSHIPS (attach additional sheets if necessary):

PARTNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____
_____	_____	_____

SOLE PROPRIETORSHIP (including Single Member LLC):

OWNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____