

City of Perrysburg Income Tax Division

201 West Indiana Avenue Perrysburg, OH 43551

Telephone: (419) 872-8035 Facsimile: (419) 872-8037

Forms, Instructions, and Ordinances: www.ci.perrysburg.oh.us

E-mail: itax@ci.perrysburg.oh.us

BUSINESS REGISTRATION

All information requested on this form is essential for completing our records and is held in strict confidence, as authorized by our ordinance. Please answer all questions and return to our office by e-mail, facsimile, or by US mail.

IRS Entity Name: _____

Trade Name/DBA _____ Federal ID# _____

Type of Entity: C Corp S Corp Partnership LLC Sole Proprietor Non-Profit

Fiscal Year End _____

If entity is a single member LLC or Sole Proprietor, etc. filing a Federal Schedule C, identity of individual responsible for filing:

Name _____ SS# _____

If entity is a pass-through doing business in Perrysburg and the entity will not be paying tax on the partners/shareholders' behalf, list names and addresses of all partners/owners on page 2 of this form or on an attachment.

Will you have a physical location in the City of Perrysburg?	Yes	No	Start Date _____
Have you or do you expect to do business in the City of Perrysburg?	Yes	No	Start Date _____
Will employees be working within Perrysburg city limits?	Yes	No	Start Date _____
If yes to any of the above, please list address of work site: _____	Perrysburg, OH 43551		
Street Address			
Is this account being established solely for voluntary withholding of Perrysburg City income tax from employees living in Perrysburg, i.e., courtesy withholding?	Yes	No	
Do you lease employees?	Yes	No	If yes, from whom: _____
If you will be utilizing sub-contractors for work performed within the Perrysburg city limits, list names and address of all sub-contractors on page 2 of this form or on an attachment.			
Will the entity be working within the Perrysburg/Toledo Joint Economic Development Zone (JEDZ)?	Yes	No	
If yes, will you also be working in the City of Perrysburg outside of the JEDZ?	Yes	No	
The JEDZ is generally south of Roachton Road and west of I-75 and is COMMERCIAL in nature. For information on the JEDZ area and the city limits, call the Income Tax Division at (419) 872-8035.			
Do you own rental properties?	Yes	No	If yes, provide addresses and tenant information on page 2 of this form or on an attachment for each Perrysburg location.

Contact Person: _____ Phone: _____ Fax: _____

Address of business: _____ E-mail address _____

Mailing address for notices and forms: _____
Street City State Zip

Payroll Company Name and Address: _____

Does this entity formation, or change, affect any entity with an existing account with the City of Perrysburg Income Tax Division? Yes No

If yes, entity name, account number and effective date of change _____

Please explain _____

I certify this information to be true and correct

Business Name Print Name Signature Title Date

Business Registration Form – Page 2

Entity **pass-through doing business in Perrysburg** and the entity will not be paying tax on the partners/shareholders' behalf, list names and address of all partners/owners.

Name	Address

Rental Property (see Section 891.30 of the City of Perrysburg Codified Ordinance)

Rental Property Location	Tenant's name

Sub-contractors

Name of sub-contractors working in the city	Address