

MANDATORY BUSINESS REGISTRATION

CITY OF GREEN

DIVISION OF TAXATION

P O BOX 460 GREEN OH 44232-0460
PHONE: 330-896-6622 FAX: 330-896-6927
EMAIL: taxsecure@cityofgreen.org

ACCT NO: _____

(To be assigned by City of Green)

The following information is necessary for our records.

COMPLETE AND RETURN IN 10 DAYS BY FAX OR MAIL.

Business Name _____ DBA Name _____

Federal I.D. or S.S. Number _____ Date Started Business/Work in Green _____

Business Address _____ Mailing Address _____

City, State, Zip _____ City, State, Zip _____

Telephone Number _____ Fax Number _____

Previous Owner(s) _____

Previous Owner(s) Address _____

Check Type: Sole Proprietorship _____ Partnership _____ C Corp _____ S Corp _____ Trust/Estate _____
Non-Profit Corp _____ must attach 503(C) Government _____ LLC _____ Other _____

If Partnership, Association, or Other Business Venture, ATTACH a list of names and full addresses of Partners or Other Owners. Note that a Resident Partnership, S-Corporation or similar business entity must file a net profit tax return.

Nature of Business _____ Number of Employees _____

Accounting Period Used: Calendar Year _____ Fiscal Year _____ Fiscal Year Ending Month _____

Owner(s) Name and Address:
Name: _____
Address: _____

If Corporate Subsidiary - Parent Company:
Name: _____
Address: _____

Statutory Agent Name and Address _____

Will you be withholding more than \$200.00 per month in Green Taxes? Yes ___ No ___ Is this for Voluntary W/H? Y ___ N ___

Name of Responsible Party for Payroll Withholding _____

Mailing Address: _____ Telephone Number: _____

If you use a payroll service, please indicate the name of the service: _____

DO YOU USE SUBCONTRACTORS? Yes ___ No ___

IF YES -a list of Subcontractors used in the City of Green in the last 12 months IS REQUIRED. All businesses are required to submit copies of IRS Forms 1099-Misc to Green Income Tax Department by Feb. 28th.

Do you operate more than one business location in Green? Yes ___ No ___ If Yes - Attach a list of all locations.

Do you make rent or lease payments? Yes ___ No ___ If Yes - Attach name and address of Landlord(s).

Do you rent or lease Real Property to others? Yes ___ No ___ If Yes -Attach name and address of Tenant(s).

Signature _____ Date _____

Print Name and Title _____

