

**REGISTRATION OF BUSINESS**

EFFECTIVE DATE \_\_\_\_\_

For the purpose of our records, in regards to Crestline Income Tax, please complete the following:

TRADE NAME \_\_\_\_\_ PH# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

FED. ID# OR SOCIAL SECURITY # \_\_\_\_\_

**ACCOUNTING PERIOD USED FOR FEDERAL INCOME TAX:**

\_\_\_\_\_ Calendar Year end 12/31 \_\_\_\_\_ Fiscal Year End \_\_\_\_\_

What percentage of your overall work will actually be performed within the Corporation limits of Crestline? \_\_\_\_\_%

Will you have employees actually working within the Corporation limits of Crestline? \_\_\_\_\_ (If answer is yes, you are required to withhold 2% of gross wages for Crestline from employees 18 years of age or older.)

**ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:**

SEND WITHHOLDING REPORT  
TAX INFO TO:

SEND BUSINESS NET PROFIT TAX  
INFO TO:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

C/O \_\_\_\_\_

C/O \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE ANY QUESTIONS CONCERNING VILLAGE OF CRESTLINE INCOME TAX, PLEASE CONTACT THIS OFFICE LOCATED IN THE ADMINISTRATION BUILDING, 100 N. SELTZER ST., CRESTLINE, OH 44827, OR PHONE (419) 683-3636, EMAIL gmcdonald@crestlineoh.com .