

REGISTRATION OF BUSINESS

DATE \_\_\_\_\_

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

TRADE NAME \_\_\_\_\_

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 for employees 18 years of age or older.)

ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:

SEND WITHHOLDING REPORT TAX FORM TO:

SEND BUSINESS NET PROFIT TAX FORM TO:

NAME \_\_\_\_\_

NAME \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS CONCERNING CITY OF CRESTLINE INCOME TAX, PLEASE CONTACT THIS TAX OFFICE LOCATED IN THE ADMINISTRATION BUILDING, 100 N. SELTZER ST., OR PHONE (419) 683-3636, EMAIL [sschrote@crestlineoh.com](mailto:sschrote@crestlineoh.com)