

WITHHOLDING AND BUSINESS REGISTRATION

CITY OF GENEVA
DIVISION OF TAXATION
44 NORTH FOREST STREET
GENEVA, OHIO 44041

TAX OFFICE USE ONLY
ACCOUNT NO

Phone: (440) 466-3913

Fax: (440) 466-0685

The Following information is necessary for our records. **PLEASE COMPLETE AND RETURN IN 10 DAYS.**
Complete all required information. If you have any questions, please call our office.

BUSINESS NAME _____ DBA NAME _____

FEDERAL ID. OR S.S. NUMBER _____

STREET ADDRESS _____

CITY, STATE, AND ZIP CODE _____

TELEPHONE NUMBER _____

CHECK ONE – SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ S CORP _____ TRUST/ESTATE _____
NON-PROFIT CORP _____ MUST ATTACH 503(C) GOVERNMENT _____ OTHER _____

WILL YOU BE WITHHOLDING MORE THAN \$100.00 PER MONTH IN CITY TAXES? YES ___ NO ___
NUMBER OF EMPLOYEES _____ COURTESY WITHHOLDING YES ___ NO ___

DO YOU USE SUBCONTRACTORS? YES ___ NO ___ IF YES, ATTACH A LIST OF SUBCONTRACTORS
USED IN THE LAST 12 MONTHS. ALL BUSINESSES ARE REQUIRED TO SUBMIT COPIES OF IRS
FORMS 1099-MISC TO GENEVA INCOME TAX DEPARTMENT BY FEBRUARY 28TH OF EVERY
YEAR.

NAME OR WORK LOCATION IN CITY _____

TYPE OF BUSINESS (MFG., COMMERCIAL, ETC.) _____

DATE BUSINESS BECAME SUBJECT TO GENEVA TAX _____

FISCAL PERIOD ENDING MONTH _____

NAME OF PERSON RESPONSIBLE FOR FILING FORM _____

_____ TITLE _____

TELEPHONE NUMBER () _____

SIGNATURE _____ DATE _____