

CITY OF PARMA
INCOME TAX DIVISION
Phone 44-885-8044
BUSINESS AND EMPLOYER REGISTRATION

The City of Parma requires that your business take a few minutes and fill out this registration form in its entirety. Each business must register with the City of Parma Division of Taxation, at 6611 Ridge Road, Parma Ohio 44129. Please print

- 1) Name _____ Phone # _____
2) DBA _____ Fax # _____
3) Local business address _____
City _____ State _____ Zip Code _____
4) Mailing address (for tax forms) Net Profit Form _____
City _____ State _____ Zip Code _____
Mailing address (for tax forms) Withholding Forms _____
5) Federal ID # _____ or, Social Security # _____
6) Type of organization ___ Sole Proprietor, ___ Corporation, ___ Partnership, ___ LLC, or
___ S Corp
(Corporations, Partnerships, S Corps & LLCs – See reverse side)
Accounting Period ___ Calendar Year or ___ Fiscal Year (ending Date) _____

Type of account(s) you need Created	
___	Net Profit Account only
___	Net Profit Account and Withholding Account
___	Withholding Account only
___	Residence Withholding Tax Only (courtesy Tax)

- 7) Do you need the Non-Delinquency letter for the Building Department? ___ Yes or, ___ No
8) Does your business use a payroll service? ___ Yes or, ___ No (see other side if yes)
9) Does your business withhold for employees working in Parma? ___ Yes or, ___ No
10) Date your business started in Parma. Month ____ Day ____ Year ____
11) Number of employees presently employed in Parma. ____
12) Do monthly wages paid in Parma Exceed \$8,000.00? ___ Yes or, ___ No
13) Was business previously operated by another owner? ___ Yes or, ___ No
(SEE REVERSE SIDE)

Mail to: The City of Parma; Division of Taxation; 6611 Ridge Road; Parma, Ohio 44129
You may also Fax to 440-885-8044 or E-mail to www.taxoffice@cityofparma-oh.gov

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14) Name and address of previous owner _____

CORPORATIONS

List names, Social Security #'s and home addresses of Fiscal Officers and Statutory Agent.

- 1) _____
- 2) _____
- 3) _____
- 4) Statutory Agent _____

PARTNERSHIPS, PARTNERS / S CORPS & SHAREHOLDERS

List names, Social Security #'s and home addresses of Partners / Shareholders.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Person or accounting firm that normally prepares your tax forms.

Can The Parma Tax Department speak with them about your accounts? ___ Yes or ___ No

Name _____
Address _____
Phone _____

Signature _____ Date _____