

CITY OF PARMA  
INCOME TAX DIVISION  
Phone 440-885-8044  
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 [taxoffice@cityofparma-oh.gov](mailto: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 \_\_\_\_\_