

**CITY OF PARMA
INCOME TAX DIVISION**

Phone: 440-885-8045

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 Phone # _____

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 _____
City _____ State _____ Zip Code _____

5) Federal ID # _____ OR, Social Security # _____

6) Type of Organization () Sole Proprietor () * Corporation () * Partnership () * LLC () * 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 No'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 No's and home addresses of Partners / Shareholders.

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

Person or accounting firm that normally prepares your tax forms.

Name _____
Address _____
Phone _____

Signature _____ Date _____