CITY OF PARMA
INCOME TAX DIVISION

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 _____ Local Phone #_____

3) Local Business Address _____

City_____ State_____ Zip_____

4) Mailing Address (for tax forms) Net Profit Form_____

City_____ State_____ Zip_____

Withholding Forms_____

City_____ State_____ Zip_____

5) Federal ID # _____ Social Security # _____

6) Type of Organization: ( ) Sole Propietor ( ) * Corporation ( ) * Partnership
( ) *LLC ( ) *S Corp.
Accounting period: ( ) Calendar year ( ) Fiscal year (ending date) _____
(* Corporations, * Partnerships, * S Corps & * LLCs - See reverse side)

7) Does your business use a payroll service? Yes _____ No _____ (see other side if yes)

8) Does your business withhold for Parma residents only? Yes _____ No _____

9) Does your business withhold for employees working in Parma? Yes_____ No _____

10) Date 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 _____ No _____

13) Was business previously operated by another owner ? Yes _____ No _____

see reverse side

Mail to the City of Parma; Division of Taxation 6611 Ridge Road, Parma Ohio 44129
Telephone : (440) 885-8045 Fax : (440) 885-8044

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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 _____

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