

AMHERST INCOME TAX DEPARTMENT
480 Park Ave
Amherst, OH 44001
Phone (440) 988-4212 Fax (440) 988-3749

RESIDENT BUSINESS REGISTRATION

Company Name: _____ Tax ID: _____
DBA/Trade Name: _____ Date Started or Acquired in Amherst
_____/_____/_____
Amherst Address: _____
Amherst Phone: () _____
Email Address: _____ Amherst Fax: () _____
Address of Main Office: _____ Main Office Phone: () _____

Net Profit Tax Information

Mailing Address for _____ Accounting Period Used:
Net Profit Forms: _____ Calendar Year FYE, Month ____

Tax Dept Contact Name: _____ Phone: () _____

Type of Ownership: Corporation Partnership 1120S Sole Proprietorship Non-Profit
Other: _____

If this business is a Sole Proprietorship, Partnership or LLC, complete the following information:

Name: _____ SS# _____ Name: _____ SS# _____
Address: _____ Address: _____
Name: _____ SS# _____ Name: _____ SS# _____
Address: _____ Address: _____

Payroll Withholding Information – Tax Rate 1.5%

Remittance Frequency: Monthly (required if over \$200 per month) Quarterly Number of Amherst Employees ____
Mailing Address for W/H Forms: _____ Payroll Contact Name: _____

Phone: () _____

OR: Payroll Service (FEIN is used as the Account Number)

Company Name: _____
Address: _____

Contact Name/Dept: _____ Phone: () _____

If Amherst location is rented or leased, provide the following information:

Name: _____ Address: _____
Phone: () _____

Signature: _____ Title: _____ Date: ____/____/____