



CITY OF DUBLIN.

"It's Greener in Dublin"

Date: _____

City of Dublin Business Registration

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete, sign and return it to the City of Dublin Taxation, P.O. Box 9062, Dublin, Ohio 43017-0962 within 10 days. If you have any questions, please contact City of Dublin Taxation @ 614-410-4434 Fax: 614-923-5554.

Type of Organization (Please check one)

Corporation Partnership Non-Profit Limited Liability Co (LLC) Other (Please Explain)

If limited Liability Company (LLC) will partners or individuals file? _____

Federal ID # _____ Social Security # _____ (If sole Proprietor)

Business Name _____ dba _____

Address: _____ City _____ State _____ Zip _____

Phone Number # _____ Fax # _____ Type of Business _____

NAICS Code _____ (1120S Box B, 1120 Schedule K line 2A and 1065 Box C)

List Social Security Number and name of Corporate Officers and/or Partners (addresses' if partnership)

Name _____ SSN _____

Address: _____ City _____ State _____ Zip _____

Name _____ SSN _____

Address: _____ City _____ State _____ Zip _____

If additional space is needed please send an attachment.

Do you have a location within the City limits of Dublin Yes No

If yes, please give the address of Dublin location, if not sure call 614-410-4460 to verify

Address: _____ City _____ State _____ Zip _____

Date operations will begin in Dublin _____ Number of employees at Dublin location _____

Do you wish for your forms to be sent to another location Yes No

If Yes please give the address

Address: _____ City _____ State _____ Zip _____

Please check an appropriate box

Employees work within city limits of Dublin – Withholding rate is 2.00%

Your business performs no work in Dublin and Dublin taxes are deducted only from those employees who reside in Dublin.

No Employees

Are you currently using a payroll processing company Yes No

If yes, please indicate company name, contact person and phone number _____

Please indicate deposit frequency. If a withholding service is being used advise them to withhold.

Quarterly (under 100.00/month) Monthly (over 100.00/month) Semi Monthly (over \$1,000/month)

If you are other than a calendar year filer, indicate the month your fiscal year ends _____

Person to contact regarding this account _____

Date _____ Phone # _____

Please note: Dublin is not a pure zip code for taxing purposes, if you have any questions regarding what tax district you are in, please call and we will be happy to verify this information for you. Forms are available on our Web site www.dublin.oh.us