

## WITHHOLDING AND BUSINESS REGISTRATION

## **CCA – MUNICIPAL INCOME TAX**

205 W Saint Clair Ave Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317 Fax: 216-420-8316 www.ccatax.ci.cleveland.oh.us

DATE BUSINESS STARTED IN CCA	PHONE NO	D
FEDERAL IDENTIFICATION NUMBER _		
NAME OR CORPORATE NAME		
BUSINESS OR TRADE NAME		
BUSINESS ADDRESS IN TAXING COMMUNITY		
MAILING ADDRESS		
ADDRESS OF OUTSIDE ACCOU	NTANT SHOULD NOT BE USED	
***************************************		*******
CHECK BUSINESS TYPE		
SOLE PROPRIETOR**	CORPORATION	
PARTNERSHIP	LIMITED LIABILIT	Y CO
S-CORPORATION	NON-PROFIT CORP	
ESTATE OR TRUST	GOVERNMENTAL	
FINANCIAL ORG.	UNION	
OTHER (Detail)		
**IF SOLE PROPRIETOR YOU MU It is your responsibility to advi		
**************************************		******** No
For what CCA city(s)		
\$200 or more per month?	Yes	No
Number of employees in CCA?	First payroll date in CCA	
Will you be withholding residence taxes?	Yes	No
Type of business (Mfg., Commercial, etc.) _		
Fiscal Period ending month		
Name of person responsible for filing forms	s:	
Name Title	!	Phone No
Signature		Date