

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			
FEDERAL IDENTIFICATION NUMBER			
NAME OR CORPORATE NAME			
BUSINESS OR TRADE NAME			
BUSINESS ADDRESS IN TAXING COMMUNITY			
MAILING ADDRESS ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED ***********************************			
CHECK BUSINESS TYPE			
	U MUST ALS		LITY CO CORP AL DIVIDUAL REGISTRATION FORM
It is your responsibility to		ffice of any changes ****** Yes	
Will you be withholding employment tax 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 taxe	s?	Yes	No
Type of business (Mfg., Commercial, etc.)			
Fiscal Period ending month			
Name of person responsible for filing forms:			
Name	Γitle		Phone No
Signature			Date