



WITHHOLDING AND BUSINESS REGISTRATION

CCA – Municipal Income Tax

205 W St Clair Ave
Cleveland, OH 44113

Phone: (216) 664-2070 / (800) 223-6317 Fax: (216) 420-8316

www.ccaohio.gov

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

SOLE PROPRIETOR**	_____	CORPORATION	_____
PARTNERSHIP	_____	LIMITED LIABILITY CO	_____
S-CORPORATION	_____	NON-PROFIT CORP	_____
ESTATE OR TRUST	_____	GOVERNMENTAL	_____
FINANCIAL ORG.	_____	UNION	_____
OTHER	_____ (Detail)		_____

****IF SOLE PROPRIETOR YOU MUST ALSO COMPLETE INDIVIDUAL REGISTRATION FORM**

It is your responsibility to advise this office of any changes in your status

Will you be withholding employment taxes? Yes 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:

Name _____ Title _____ Phone No. _____

Signature _____ Date _____