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

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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

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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** _____