



SALEM INCOME TAX DEPARTMENT

231 S. Broadway Ave.
Salem, OH 44460
Ph: 330-332-4241 Ext. 225 FAX: 330-337-0246
Email: taxes@cityofsalemohio.org

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WH #

2010 BUSINESS REGISTRATION FORM

COMPLETE & RETURN THIS REGISTRATION BEFORE STARTING BUSINESS IN SALEM

NAME: _____

DBA: _____ e-mail: _____

BUSINESS ADDRESS: _____

Location of Project: _____

MAILING ADDRESS: _____

General Contractor: _____

TELEPHONE: _____ SECOND PHONE: _____

FEDERAL EMPLOYER ID: _____ SS# _____ (required if Sole Proprietorship)

NATURE OF BUSINESS CONDUCTED: _____

DATE STARTED IN SALEM: _____ INDICATE TYPE: Sole Proprietorship _____ C-Corp _____

ACCOUNTING PERIOD: Calendar Year _____
Fiscal Year _____
(Fiscal Year end Month _____)

Partnership _____ S-Corp _____
Trust/Estate _____ Non Profit Corp _____
Non Profit Corp _____ (attach 503C)
Other _____

OWNERS NAME & ADDRESS: _____

IF CORPORATE SUBSIDIARY, INDICATE PARENT COMPANY, NAME & ADDRESS: _____

IF PARTNERSHIP, ASSOCIATION OR OTHER BUSINESS VENTURE ATTACH A LISTING OF NAMES & ADDRESSES OF ALL OWNERS.

DO YOU HAVE EMPLOYEES ? Yes _____ No _____ (If yes, enter Federal Employee ID # above)

Are Payroll Taxes Filed and Paid by a Payroll Service ? Yes _____ No _____

If Yes, Name of Payroll Service : _____

Contact Phone Number: _____

DO YOU USE SUBCONTRACTORS ? Yes _____ No _____ If yes, attach list of subcontractors working for you in Salem
(Registration is required for all subcontractors, before working in Salem, Ohio)

DO YOU MAKE RENT OR LEASE PAYMENTS IN SALEM ? Yes _____ No _____
If yes, attach name & address of landlord(s)

DO YOU RENT OR LEASE PROPERTY TO OTHERS ? Yes _____ No _____
If yes, attach name & address of tenant(s)

SIGNATURE: _____ DATE: _____

TITLE : _____