BUSINESS REGISTRATION FORM

PO Box 4577 Fax: 740-670-7581 Check the appropriate taxing authority Newark OH 43058 Website: www.newarkohio.gov City of Newark ___ Etna JEDZ2 ___ Email: citytax@newarkohio.net Etna JEDZ1 ___ Pataskala JEDD ___ **USE A SEPARATE FORM FOR EACH AUTHORITY** ACCT #: Please assist us in completing your account information by mailing, faxing, or emailing this completed form with any additional attachments within 10 business days. Thank you for your cooperation. 2. Trade Name (DBA) Fax _____ 3. Federal EIN or Soc Sec # _____ Email _____ 5. Name and address where tax forms are to be mailed (if different from above) 6. Type of business ownership (check one) **Non-resident sole proprietor (Schedule C) _____ **If sole proprietor, please provide name and residence address of owner. Partnership ____ Corporation ____ Other (please specify) _____ 7. Nature of business conducted _____ 8. Date business and/or withholding began in this taxing jurisdiction ______ 9. Is your company only withholding Newark income tax as a courtesy for resident employees? YES _____ NO ____ If yes, please answer questions 10 and 11. If no, proceed to Line 12 10 Is WORKPLACE TAX also being withheld for this employee YES ____ NO ____ 11. If your employee is working from home, please state the nature of duties performed so we may determine if your company will have a Net Profit liability 12. When does your fiscal year end—must be the same as your federal return (month and day) ______ 13. Will you be using subcontractors? **If yes**, the following will be required: --A listing of subcontractors, to include the business name, address, contact name, phone number, and nature of work being performed. 14. If you operate more than one place of business or own rental property, please provide a listing of the applicable addresses. Name of Contact Person (Please print)

Contact Person Signature Date _____

City of Newark Income Tax Division

Phone: 740-670-7580