

11641 Chester Road – Sharonville, OH 45246-2803

Phone: (513) 563-1169 Fax: (513) 588-3969

CITY OF SHARONVILLE BUSINESS/PROFESSIONAL REGISTRATION FORM

Name of Business \_\_\_\_\_ Federal ID # / SS # \_\_\_\_\_

Mailing Address for Business Tax Returns \_\_\_\_\_

Mailing Address for Payroll Tax Returns \_\_\_\_\_

Name Doing Business As \_\_\_\_\_ Type of Business Activity in Sharonville \_\_\_\_\_

Sharonville Address (if applicable) \_\_\_\_\_ Suite # \_\_\_\_\_

Sharonville Phone # \_\_\_\_\_ Sharonville Contact Person \_\_\_\_\_

Sharonville Job Site Address (if applicable) \_\_\_\_\_ Suite # \_\_\_\_\_

Please attach a complete listing with addresses and phone numbers of all subcontractors.

Move-in Date / Date Started Working in Sharonville: \_\_\_\_\_

Name & Title of Business/Corporate Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Accounting Period:  Calendar Year  Fiscal Year Ending : Month/Day \_\_\_\_\_

Type of Business: (please check one)  Sole Proprietorship  Partnership  S Corporation  Corporation  Ltd Liability Co  Non-Profit

Names & Titles of Corporate Officers/Partners:

Name & Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Name & Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Name & Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Name & Title of Payroll Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Number of W-2 employees working in Sharonville: \_\_\_\_\_ Number of 1099 contractual employee's working in Sharonville: \_\_\_\_\_

Do you use a payroll or employee leasing company to submit withholding payments?  Yes  No Filing Frequency:  Monthly  Quarterly

If yes, list name of payroll or employee leasing company: \_\_\_\_\_

Landlord Name & Address if Sharonville location is rented/leased: \_\_\_\_\_

I do hereby certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ Form RF-B, Rev. 5-24