

**WITHHOLDING AND BUSINESS REGISTRATION**

CITY OF GENEVA  
DIVISION OF TAXATION  
44 NORTH FOREST STREET  
GENEVA, OH 44041

Phone: (440) 466-3913 Fax: (440) 466-0685

TAX OFFICE USE ONLY
ACCOUNT NO _____

The following information is necessary for our records. **PLEASE COMPLETE AND RETURN IN 10 DAYS.** Complete all required information. If you have any questions, please call our office.

BUSINESS NAME \_\_\_\_\_ DBA NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, AND ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEDERAL ID OR SS NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CHECK ONE: SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ S CORP \_\_\_ TRUST/ESTATE \_\_\_  
NON-PROFIT CORP \_\_\_ MUST ATTACH 503(C) GOVERNMENT \_\_\_ OTHER \_\_\_

WILL YOU BE WITHHOLDING MORE THAN \$200.00 PER MONTH IN CITY TAXES? Y \_\_\_ N \_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_ COURTESY WITHHOLDING YES \_\_\_ NO \_\_\_

DO YOU NEED WITHHOLDING FORMS? YES \_\_\_ NO \_\_\_

DO YOU USE A PAYROLL SERVICE? YES \_\_\_ NO \_\_\_ IF YES, PROVIDE NAME:

DO YOU USE AN EMPLOYEE LEASING COMPANY? YES \_\_\_ NO \_\_\_ IF YES, PROVIDE NAME:

DO YOU USE SUBCONTRACTORS? YES \_\_\_ NO \_\_\_. IF YES, ATTACH A LIST OF  
SUBCONTRACTORS USED IN THE LAST 12 MONTHS. ALL BUSINESSES ARE REQUIRED TO  
SUBMIT COPIES OF IRS FORMS 1099-MISC TO GENEVA INCOME TAX DEPARTMENT BY  
FEBRUARY 28<sup>TH</sup> OF EVERY YEAR.

DO YOU MAKE RENT OR LEASE PAYMENTS? YES \_\_\_ NO \_\_\_ IF YES, ATTACH NAME AND  
ADDRESS OF LANDLORD(S) \_\_\_\_\_

TYPE OF BUSINESS (MFG., COMMERCIAL, ETC.) \_\_\_\_\_

DATE BUSINESS BECAME SUBJECT TO GENEVA TAX \_\_\_\_\_

FISCAL PERIOD ENDING MONTH \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR FILING FORM \_\_\_\_\_ TITLE \_\_\_\_\_  
TELEPHONE NUMBER ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_