

# BUSINESS REGISTRATION

***This is the questionnaire for business filers. If you are an individual or joint filer use the Individual Questionnaire.***



## AKRON INCOME TAX DIVISION

1 Cascade Plaza - Suite 100

Akron, OH 44308-1161

(330) 375-2539 - Profit/Loss

(330) 375-2497 - Withholding

(330) 375-2456 - Fax

[onlinetax@akronohio.gov](mailto:onlinetax@akronohio.gov) - Email

**The following information is necessary for us to register your business or update your income tax records with the City of Akron. If a sole proprietorship you must complete this AND the Individual questionnaire. If an LLC, indicate how you are filing with the IRS. PLEASE COMPLETE ALL LINES AND RETURN THIS QUESTIONNAIRE WITHIN TEN (10) DAYS.**

FED ID \_\_\_\_\_

FEDERAL BUSINESS ACTIVITY CODE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

AKRON TELEPHONE # \_\_\_\_\_

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

TRADE NAME (if any) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(MAILING ADDRESS FOR TAX PURPOSES ... ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED)

BUSINESS ADDRESS IN AKRON \_\_\_\_\_

IF THIS FORM IS SUBMITTED FOR AN EMPLOYEE WORKING FROM HOME YOU CAN USE THEIR ADDRESS BUT NOTE THAT THIS IS AN EMPLOYEE ADDRESS.

If there is no Akron address, are any net profits attributable to Akron? YES  NO

BEGINNING DATE OF AKRON ACTIVITY \_\_\_\_\_ IS AKRON: THE HOME OFFICE? \_\_\_\_\_ A BRANCH OFFICE? \_\_\_\_\_

WHO IS YOUR PAYROLL PROVIDER? \_\_\_\_\_

### TAX OFFICE USE ONLY

Date issued \_\_\_\_\_

Auditor \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Akron Dist \_\_\_\_\_ Ind Code \_\_\_\_\_

**TYPE OF ORGANIZATION :**  Sole Proprietor  S Corp  C Corp  Partnership  Trust  501c3

IF YOU ARE AN LLC, PLEASE SELECT A TYPE OF ORGANIZATION ABOVE.

OWNERS NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ SOC SEC NUMBER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ SOC SEC NUMBER \_\_\_\_\_

NUMBER OF EMPLOYEES WORKING IN AKRON \_\_\_\_\_ DATE FIRST EMPLOYEE WAS HIRED \_\_\_\_\_

ACCOUNTING PERIOD USED: CALENDAR YEAR \_\_\_\_\_ FISCAL YEAR \_\_\_\_\_ (FISCAL YEAR ENDING \_\_\_\_\_)

Do you own rental property in Akron? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, we will send you a rental questionnaire upon receipt of this form.)

Do you operate more than one place of business in Akron? YES \_\_\_\_\_ NO \_\_\_\_\_

Address \_\_\_\_\_ Trade Name \_\_\_\_\_

Address \_\_\_\_\_ Trade Name \_\_\_\_\_

**IF CURRENT BUSINESS IS THE SUCCESSOR TO A PRE-EXISTING BUSINESS, PLEASE COMPLETE THE FOLLOWING:**

Name/s of previous owner/s and trade name, if any \_\_\_\_\_

Mailing Address \_\_\_\_\_

Former Business Type : Sole Proprietor \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Partnership \_\_\_\_\_

Name of person responsible for filing tax forms:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_