



**BUSINESS/PROFESSIONAL REGISTRATION FORM
CITY OF FRANKLIN, WARREN COUNTY OHIO**

1 BENJAMIN FRANKLIN WAY, FRANKLIN OH 45005; call or fax 937/986-1035
www.franklinohio.org

Business Name _____ DBA _____ FID or SSN # _____ Franklin Phone # _____

Address of Business Location in Franklin _____

Mailing Address for Business Tax Returns _____

Net Profit Contact Person _____ Email _____ Phone # _____ Nature of business _____

Mailing Address for Payroll Tax Returns _____

Payroll Contact Person _____ Email _____ Phone # _____

Name of Payroll/Employee Leasing Company _____ Payroll/Leasing Contact Person & Phone Number _____

If your withholding tax is paid under a different business name/FID please complete:

Business Name _____ Address _____ FID _____

⇒ PEO's & leasing agencies are required to provide the name of the business & address staffing is being provided for _____

Account Effective ___/___/___ Accounting Period: Calendar Year or Fiscal Year End _____ Payments Submitted : Quarterly or Monthly

Number of W-2 Employees Working in Franklin _____ Number of 1099 Contractual Employees Working in Franklin _____ ODT Opt-in Year _____

Landlord Name & Address if Franklin location is rented/leased _____

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 _____ SSN _____

Name & Title _____ SSN _____

Name & Title _____ SSN _____

Name & Title _____ SSN _____

***TAXES REQUIRED TO BE DEDUCTED AND WITHHELD SHALL BE REMITTED MONTHLY TO THE TAX ADMINISTRATOR IF THE TOTAL TAXES DEDUCTED IN THE PRECEDING CALENDAR YEAR EXCEED \$2399.00 OR IF THE TOTAL AMOUNT DEDUCTED OR WITHHELD IN ANY MONTH OF THE PRECEDING CALENDAR QUARTER EXCEED \$200.00.**

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

Signature

Title

Date