

# City of Bucyrus – Business Registration

Income Tax Department

BUSINESS NAME:		FEDERAL ID #:	
MAILING ADDRESS:		BUCYRUS LOCATION ADDRESS:	
NATURE OF BUSINESS:		DATE BUSINESS BEGAN IN BUCYRUS:	
<u>CIRCLE ONE:</u> CORPORATION      PARTNERSHIP/LLC      SUB S CORPORATION SOLE PROPRIETOR      LAND/RENTAL OWNER      OTHER_____			
IF SOLE PROPRIETOR, PLEASE LIST OWNER'S NAME AND SOCIAL SECURITY NUMBER			
DO YOU OPERATE ON A CALENDAR OR FISCAL YEAR END?		IF FISCAL, LIST YEAR END DATE:	
DO YOU HAVE EMPLOYEES?		IF YES, HOW MANY?	
DO YOU HAVE ANY EMPLOYEES THAT ARE NOT SUBJECT TO BUCYRUS INCOME TAX?		IF YES, PLEASE EXPLAIN:	
DO YOU ANTICIPATE WITHHOLDING OF \$200.00 OR MORE PER MONTH?		IS YOUR COMPANY STRICTLY A COURTESY WITHHOLDING ACCOUNT?	
DO YOU USE AN OUTSIDE PAYROLL COMPANY:		IF YES, NAME OF COMPANY:	
DO YOU USE INDEPENDENT CONTRACTORS OR CASUAL LABOR IN BUCYRUS?			
CORPORATE OFFICERS OR PARTNERS NAMES(S) AND TITLE(S), (IF MORE SPACE IS NEEDED, PLEASE ATTACH LIST):			
NAME AND PHONE NUMBER OF PERSON WE MAY CONTACT REGARDING:			
TAX RETURNS: _____		PHONE: _____	
WITHHOLDING ACCOUNT: _____		PHONE: _____	
E-MAIL: _____			
NAME AND TITLE OF PERSON COMPLETING THIS FORM (PLEASE PRINT):			DATE:

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