



**City of Lakewood**

Division of Municipal Income Tax  
12805 Detroit Ave Lakewood, OH 44107  
Phone (216) 529-6620 \* Fax (216) 529-6099  
Website: www.ci.lakewood.oh.us

**Business Income Tax Registration**

(Please Complete and Return Within Five (5) Days)

Firm Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Local Street Address of Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

Have you previously had an Income Tax account with the City of Lakewood, Ohio?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please indicate the account number (SSN or EIN): \_\_\_\_\_

Date you started business within our city \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date you first had employees within our city \_\_\_\_/\_\_\_\_/\_\_\_\_  
Approximate monthly payroll amount \$ \_\_\_\_\_  
If you are using a payroll service, indicate which one \_\_\_\_\_

If you would like your tax returns mailed to an Accounting Firm or Payroll Service, please indicate below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Account Type:** (Check all types Applicable to you or your business)

\_\_\_\_\_ C Corporation or S Corporation (please circle one):  
Federal ID No.: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
Address of Home Office: \_\_\_\_\_  
Subsidiary Of: \_\_\_\_\_

\_\_\_\_\_ Partnership: Federal ID No.: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
If more than three (3) Partner's please attach list

\_\_\_\_\_ Sole Proprietorship: Federal ID No. or Social Security No.: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

- \_\_\_\_\_ Withholding employment tax only
- \_\_\_\_\_ Withholding residence tax only
- \_\_\_\_\_ Withholding both employment and residence tax

