



WITHHOLDING AND BUSINESS REGISTRATION

CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317 Fax: 216-420-8316
www.ccatax.ci.cleveland.oh.us

DATE BUSINESS STARTED IN CCA PHONE NO.

FEDERAL IDENTIFICATION NUMBER

NAME OR CORPORATE NAME

BUSINESS OR TRADE NAME

BUSINESS ADDRESS IN TAXING COMMUNITY

MAILING ADDRESS

ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED

CHECK BUSINESS TYPE

- SOLE PROPRIETOR** CORPORATION
PARTNERSHIP LIMITED LIABILITY CO
S-CORPORATION NON-PROFIT CORP
ESTATE OR TRUST GOVERNMENTAL
FINANCIAL ORG. UNION
OTHER (Detail)

**IF SOLE PROPRIETOR YOU MUST ALSO COMPLETE INDIVIDUAL REGISTRATION FORM
It is your responsibility to advise this office of any changes in your status

Will you be withholding employment taxes? Yes No

For what CCA city(s)

\$200 or more per month? Yes No

Number of employees in CCA? First payroll date in CCA

Will you be withholding residence taxes? Yes No

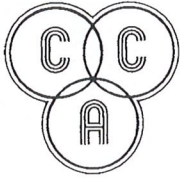
Type of business (Mfg., Commercial, etc.)

Fiscal Period ending month

Name of person responsible for filing forms:

Name Title Phone No.

Signature Date



INDIVIDUAL REGISTRATION CCA – MUNICIPAL INCOME TAX

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Move in Date: _____ Phone No _____
 Primary Social Security No. _____ - - _____ Spouse Social Security No. _____
 Primary Name _____ Spouse Name _____
 Street Address _____ Apt. No _____
 City _____ State _____ Zip Code _____
 Prior Address _____ City _____ State _____ Zip Code _____
 Lived at prior address: From _____ To _____
 Mailing Address _____ City _____ State _____ Zip Code _____

LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

NAME	AGE	SOCIAL SECURITY NO	CITY WHERE EMPLOYED
_____	_____	- - _____	_____
_____	_____	- - _____	_____
_____	_____	- - _____	_____
_____	_____	- - _____	_____

EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S))

INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST
COMPANY NAME ADDRESS/CITY

1. _____ SELF _____ SPOUSE _____
2. _____ SELF _____ SPOUSE _____
3. _____ SELF _____ SPOUSE _____
4. _____ SELF _____ SPOUSE _____

CHECK OTHER SOURCES OF INCOME:

RENT SOC.SEC. PENSION SELF-EMPLOYED OTHER _____

TRADE NAME AND ADDRESS IF SELF-EMPLOYED _____

*If registration is for employers or business,
you must also complete the Business Registration form.*

SIGNATURE _____ DATE _____

The above signed declares that this statement is true and correct.