

## 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 CC	Α	PHONE	NO	
FEDERAL IDENTIFICATION NUMB	ER			
NAME OR CORPORATE NAME				
BUSINESS OR TRADE NAME				
BUSINESS ADDRESS IN TAXING CO	MMUNITY _			
MAILING ADDRESS  ADDRESS OF OUTSIDE	ACCOUNTANT	SHOULD NOT BE US	ED	
<u>C</u> I	HECK BUSI	NESS TYPE		
SOLE PROPRIETOR**  PARTNERSHIP  S-CORPORATION  ESTATE OR TRUST  FINANCIAL ORG.  OTHER  **IF SOLE PROPRIETOR Y	OU MUST AL		ILITY CO CORP TAL IDIVIDUAL REGISTRATIO	ON FORM
It is your responsibility ************************************				*****
Will you be withholding employment t	axes?	Yes——	No	
For what CCA city(s)				
More than \$100 per month?		Yes	No	
Number of employees in CCA? First payroll date in CCA				
Will you be withholding residence tax	(es?	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	