

REGISTRATION OF BUSINESS

EFFECTIVE DATE _____

For the purpose of our records, in regards to Crestline Income Tax, please complete the following:

TRADE NAME _____ PH# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NATURE OF BUSINESS _____

FED. ID# OR SOCIAL SECURITY # _____

ACCOUNTING PERIOD USED FOR FEDERAL INCOME TAX:

_____ Calendar Year end 12/31 _____ Fiscal Year End _____

What percentage of your overall work will actually be performed within the Corporation limits of Crestline? _____%

Will you have employees actually working within the Corporation limits of Crestline? _____ (If answer is yes, you are required to withhold 2% of gross wages for Crestline from employees 18 years of age or older.)

ADDRESS TO WHICH TAX FORMS ARE TO BE MAILED:

SEND WITHHOLDING REPORT
TAX INFO TO:

SEND BUSINESS NET PROFIT TAX
INFO TO:

NAME _____

NAME _____

C/O _____

C/O _____

ADDRESS _____

ADDRESS _____

IF YOU HAVE ANY QUESTIONS CONCERNING CITY OF CRESTLINE INCOME TAX, PLEASE CONTACT THIS TAX OFFICE LOCATED IN THE ADMINISTRATION BUILDING, 100 N. SELTZER ST., OR PHONE (419) 683-3636, EMAIL gmcdonald@crestlineoh.com .