

8 East Washington Street - Athens, OH 45701

Phone: (740) 592-3337 Fax: (740) 592-6400

- Initial Registration
- File Update

City of Athens Business/Professional Registration Form

Name of Business _____

Federal ID# /SS# _____

Corporate Address _____

Corporate Phone # _____

Corporate Contact _____

Doing Business As _____

Accounting Period: Calendar Year

Fiscal Year Ending _____

Nature of Business _____

Month Day

Type of Business: (please check one)

- Sole Proprietorship
- Partnership
- S Corporation
- Corporation
- Ltd Liability
- Non-Profit

Type of federal tax forms filed (check all that apply)

- Schedule C
- Schedule E
- 1120
- 1120S
- 1065
- 8825
- SKE
- K1

Starting date of Athens operation: _____

Number of employees at Athens location reported on W2's: _____

Number of contractual employee's at Athens location Reported on 1099's _____

Do you use a payroll company to submit monthly or quarterly withholding payments? (please circle one) Yes No

If yes, list payroll company: _____

Resident Business: (business located in Athens) Are the premises in Athens rented/leased? (please circle one)

If yes, from whom: _____ Address of lessor: _____

Non-Resident Businesses: (contractors, vendors, etc. temporarily conducting business in Athens)

Address of Athens job site: _____

Please attach a complete listing with addresses and phone numbers of all subcontractors.

I do hereby certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature

Title

Date