



CITY OF BUCYRUS-BUSINESS REGISTRATION

INCOME TAX DEPARTMENT

CITY OF BUCYRUS
 500 S. SANDUSKY AVE.
 BUCYRUS, OH 44820
 (419) 562-6767
 incometax@cityofbucyrusoh.us

BUSINESS NAME:	FEDERAL ID #:		
MAILING ADDRESS:	BUCYRUS LOCATION ADDRESS:		
NATURE OF BUSINESS:	DATE BUSINESS BEGAN IN BUCYRUS:		
CHECK ONE OF THE FOLLOWING			
CORPORATION _____	PARTNERSHIP/LLC _____	SUB S CORPORATION _____	
SOLE PROPRIETER _____	LAND/RENTAL OWNER _____	OTHER _____	
IF SOLE PROPRIETOR, PLEASE LIST OWNER'S NAME AND SOCIAL SECURITY NUMBER			
NAME: _____	SOCIAL SECURITY NUMBER: _____ / _____ / _____		
OPERATE ON A CALENDER OF FISCAL YEAR? (CIRCLE ONE)		IF FISCAL, LIST YEAR END DATE:	
CALANDAR	FISCAL	_____	
DO YOU HAVE EMPLOYESS? (CIRCLE ONE)			
YES	NO	IF YES, HOW MANY _____	
DO YOU HAVE ANY EMPLOYEES THAT ARE NOT SUBJECT TO BUCYRUS INCOME TAX? (CIRCLE ONE)		IF YOU ANSWERED YES PLEASE EXPLAIN	
YES	NO	_____	
DO YOU ANTICIPATE WITHHOLDING'S OFF \$200.00 OR MORE PER MONTH? (CIRCLE ONE)		IS YOUR COMPANY STRICKTLY A COURTESY WITHHOLDING ACCOUNT? (CIRCLE ONE)	
YES	NO	YES	NO
DO YOU UTILIZE AN OUTSIDE PAYROLL ACCOUNTING FIRM? (CIRCLE ONE)		IF YOU ANSWERED YES NAME OF COMPANY	
YES	NO	_____	
DO YOU USE INDEPENDENT CONTRACTORS OR CASUAL LABOR IN THE CITY OF BUCYRUS? (CIRCLE ONE)			
INDEPENDENT CONTRACTORS		CASUAL LABOR	
CORPORATE OFFICERS OR PARTNERS NAME(S) AND TITLE(S), (IF MORE SPACE IS NEEDED, PLEASE ATTACH LIST)			
NAME AND PHONE NUMBER OF TAX AGENT OR SERVICE COMPLETING THIS FROM			
NAME OF TAX AGENCY: _____		PHONE NUMBER: (_____) _____ - _____ - _____	
WITHHOLDING ACCOUNT: _____		PHONE NUMBER: (_____) _____ - _____ - _____	
EMAIL ADDRESS: _____			
NAME AND TITLE OF PERSON COMPLETING THIS FORM			
_____		_____	
PRINTED NAME	TITLE		
_____		_____ / _____ / _____	
SIGNATURE	DATE		