

CITY OF READING BUSINESS / PROFESSIONAL REGISTRATION FORM

City of Reading · Income Tax Office · 1000 Market Street · Reading, OH 45215-3283

Phone: (513) 733-0300 · FAX (513) 842-1016 · www.readingohio.org

Account #: _____

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL. RETURN COMPLETED FORM IN ENCLOSED ENVELOPE WITHIN 15 DAYS

Name of Business _____ Federal ID # / SS# _____
Corporate Address _____ Corporate Phone # _____
_____ Corporate Contact Person _____
Doing Business As _____ E-Mail Address _____
Reading Address _____ Suite # _____ Reading Phone # _____
Nature of Business _____ Reading Contact Person _____
Starting date of Reading Operation: _____ Accounting Period Calendar
 Fiscal Year Ending ____ / ____

Type of Business: (please check one)

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

Names of Corporate Officers (If applicable):

President _____

Treasurer _____

Number of employees at Reading Location:

Reported on W-2s: _____

Number of contractual employee's at Reading location:

Reported on 1099's: _____

Partners (If applicable):

Name	Address
_____	_____
_____	_____

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

If yes, list payroll company: _____

Resident Businesses (businesses located in Reading): Do you own the property where business is located? (Please check one) Yes No

If No, Please complete property owner information: Lessor Name: _____

Address of lessor: _____

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

Address of Reading 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