



REGISTRATION FORM

City of Port Clinton Department of Taxation
1868 E. Perry Street, Port Clinton, Ohio 43452

(P) 419-734-5522, Option 4 (F) 419-732-6558 (E) pcincometax@portclinton-oh.gov

Registration is required if you live within the city limits or will be conducting business including owning any type of rental property & for payment of employer withholdings. This form must be returned within 10 days after receiving

Individuals: Please complete page 1

Businesses: Please complete page 1 as it pertains to your business operations and then proceed to page 2. Page two must be completed in its entirety.

Name of Registrant: _____

Address of Registrant: _____

Phone Number: _____ Email: _____

INDIVIDUALS AND BUSINESS

1. Are you a new resident? Yes _____ No _____
2. Are you a business? Yes _____ No _____ (Page 2 will need to be completed)
 - Are you renting or did you purchase the property? _____
 - If you purchased the property, when did you purchase it? _____
 - If you are renting, when did your lease start? _____
 - If you are renting, who is your Landlord?
 - Name: _____
 - Address: _____
 - Phone Number: _____
 - Is the property you purchased rental property? Yes _____ No _____
 - If the property is being used as rental property, for what purpose? Please list all uses – Refer to Landlord Reporting Requirements to report semi-annual renter information.

2. List everyone 18 years and older who will be living at the property – **Required for all individuals registering**

Name: _____	(SSN) _____
Spouse: _____	(SSN) _____
Names: _____	(SSN) _____
_____	(SSN) _____
_____	(SSN) _____

3. Previous Address and Date Moved In and Out : _____
If a non-resident, what is your mailing address?

4. Employer Name & Address: Provide information on all wage earners:

Name: _____	Employer Name: _____
Spouse: _____	Employer Name: _____
Names: _____	Employer Name: _____
_____	Employer Name: _____

5. Does your employer withhold City of Port Clinton taxes? Yes _____ No _____

Individuals, please sign below. If a business or applying for a withholding account, please proceed to page 2.

The information hereby submitted, including accompanying lists, is true and correct to the best of my knowledge.

Signed _____ Date _____



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Business Name _____ F.I.N./SS# _____

DBA Name (If Different) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Mailing Address (If Different) _____

Type of Business & Products/Services Offered _____

If a rental, why type of Rental? Circle One: Long Term Short Term(More than 28 days) Seasonal/Vacation (Less than 28 days)

Date began operations _____ Do You Have Employees? Circle One: Yes No

If Yes, How Many? _____ Did you start withholding taxes? Circle One: Yes No

If you answered no, then please provide an explanation as to why payroll taxes are not being withheld

CPA Firm or Person who completes the Income Tax Return (Name, Address & Phone Number)

Person responsible for payroll and withholdings: Name, Address & Phone Number)

Will the entity be filing an Annual Income Tax Return . Please circle one Yes No

If the entity will not filing an income tax return, please indicate the reason _____

If business has been purchased please provide previous owner's name, address, phone number and FIN/SS# :

Please check type of business:

Sole Proprietorship-SS# _____

Partnership

Association

Sub S Corporation

Non-Profit (must attach 501 (c) (3)

Corporation

Limited Liability Corporation

Other _____

If Partnership, S Corp, or other joint venture indicate how Port Clinton city tax on net income is paid:[] By business entity

[] By each individual on proportionate share (attach names and addresses of partners or other owners)

Accounting Period: [] Calendar Year [] Fiscal Year: From _____ To _____

CONTRACTORS: Please supply a list of names, addresses & phone numbers of sub-contractors working on this project.RENTAL: If you own rental property in the Port Clinton city limits, please attach a list of addresses.

If you are renting the building your business is in please attach the name, address and phone number of your landlord.

PARTNERSHIPS: Please supply a list of all partners to include name, address & phone number.

All businesses are required to submit copies of IRS Forms 1099-MISC to Port Clinton Income Tax Department.

The information hereby submitted, including accompanying lists, is true and correct to the best of my knowledge.

Signed _____ Date _____

Name (Please Print) _____ Title _____