

CITY OF PORT CLINTON

Department of Taxation

1868 E. Perry Street, Port Clinton Ohio 43452

Phone: 419-734-5522, Option 4 Fax: 419-732-6558

Website: www.portclinton.com Email: pcincometax@portclinton-oh.gov

BUSINESS REGISTRATION

This form is required to be completed for any entity conducting business within the city limits and/or will be subject to employer withholding requirements. Businesses withholding payroll taxes as a courtesy for their employees will need to complete this form as well. Complete all sections of the form and submit to the tax department.

The City of Port Clinton Municipal Income Tax Rate is 1.50%.

FEDERAL EIN		Phone Number	
Business Name			
Business Address			
City/State/Zip Code			
Physical Address if different than Mailing Address			

**WHAT TYPE OF ACCOUNT IS NEEDED?
(CHECK ALL THAT APPLY)**

PAYROLL WITHHOLDING

BUSINESS NET INCOME

Type of Business - Industry			
Number of Employees employed within Port Clinton and/or withholding for?			Starting Date
Courtesy Withholding for Port Clinton Residents (LIST NAME AND ADDRESS) (IF ADDITIONAL ROOM IS NEEDED, PLEASE ADD ADDITIONAL PAGES)			
Employee's Name		Address	
TYPE OF BUSINESS ORGANIZATION (CORP, S-CORP, PARTNERSHIP, SOLE PROPRIETORSHIP)		Starting Date of Activities within Port Clinton	
List All Officers/Partners of the Entity			
Fiscal Year End			
Do You Use Subcontractors?			
PLEASE PROVIDE A LISTING OF THE CONTRACTORS NAME, ADDRESS AND THE AMOUNT PAID TO THEM.			
CPA Firm and Contact Information			
Payroll Contact (Name, Phone & Email) This is not the payroll processing company			

I certify that the above information is true and correct.

Print Name

Signature and Date