



City of Canfield

104 LISBON STREET
CANFIELD, OHIO 44406-1416

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BUSINESS/NET-PROFIT ACCOUNT REGISTRATION

Name & Address: _____

Date: _____

1. Federal I.D. No. _____ 2. Soc. Sec. No. _____

3. Local name & address as used for business purposes: Trade Name _____

Location _____

4. Phone # _____

5. Fax # _____ 6. E-mail address _____

7. Nature of business _____ 8. Date property purchased _____

9. Date business moved to or opened in City _____ 10. Date began work in the City _____

11. Accounting period for Federal Tax: ___ Calendar Year ending Dec. 31 ___ Fiscal Year ending _____

12. Do you employ one or more persons? ___ 13. Will you WH \$100.00 or more monthly in Canfield income tax? ___

14. Are you withholding Canfield residency tax strictly for employees who are residents of the City? YES NO

If yes, provide: Name _____ City of Canfield Address _____

Name _____ City of Canfield Address _____

(attach additional paperwork if more than two resident employees)

15. If a payroll service is used please give name of service, contact person and phone number. _____

16. Type of ownership: ___ Individual Proprietorship ___ Corporation ___ S Corp ___ Partnership

___ LLC ___ Non-Profit Corporation ___ Other: _____

17. If partnership, association, or other unincorporated joint business venture, not located in the City limits, how will the

Canfield Net Profit Tax Return be filed? ___ In full by business. ___ Separately by individual partners on their

proportionate shares (list partners on page 2, #16). **The pass through entity must file if located in City.**

18. Send Business Net Profit Form to:

Send Withholding Forms To:

Name _____ Name _____

Care of _____ Care of _____

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Phone _____

Phone _____

19. Owner's name and address:

If individual proprietorship give owners Name & address.

Name _____

Address _____

City _____ State ____ ZIP _____

If corporate subsidiary give name & address of parent company main office.

Name _____

Address _____

City _____ State ____ ZIP _____

20. If partnership, association, or other unincorporated joint business venture list names and addresses of partners if they elect to pay tax on their proportionate shares:

Name	Address	City	State	ZIP
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1. _____

2. _____

3. _____

21. With reference to real estate properties located within the City does the business occupy, as tenant, real property rented or leased from others? ____ If yes, to whom is rent paid? (Give owner or agent, address and phone #.)

Name	Address	City	State	ZIP	Phone #
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1. _____

2. _____

20. If you are renting or leasing property to others, we require you to provide the name and address of the individual(s) 2 or business renting or leasing the property.

23. Please note any supplemental information here or use as additional space to provide requested information.

24. List other businesses you operate within the City of Canfield? _____

25. The information hereby submitted is true and correct.

Company _____ Name (individual) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Extension _____

Signature _____ Date _____ Title _____