BUSINESS REGISTRATION FORM – MUNICIPAL INCOME TAXES

PLEASE RETURN TO:
The Village of Grand Rapids
PO Box 309
Grand Rapids, OH 43522
(419) 832-5305

FEDERAL IDENTIFICATION NUMBER: ______________________________

Date Business Started: ____________________ Phone Number: ____________________

NAME OR CORPORATE NAME: ______________________________

MAILING ADDRESS: ______________________________

STREET ADDRESS: ______________________________

CITY: ____________________ STATE: __________ ZIP: ____________________

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CHECK ONE:

- Sole Proprietorship** ☐
- Partnership ☐
- S-Corporation ☐
- Estate or Trust ☐
- Other __________ (detail)
- Corporation ☐
- Limited Liability Co ☐
- Non-Profit Corp ☐
- Governmental ☐

**** MUST COMPLETE INDIVIDUAL REGISTRATION FORM**

It is your responsibility to advise this office of any changes in your status!

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Will you be withholding City Taxes: ☐ YES ☐ NO More than $100 per month? ☐ YES ☐ NO

What City? ____________________

Number of CCA Employees: __________ First Payroll Date: __________

Will you be withholding Residence Taxes: ☐ YES ☐ NO

What City? ____________________

Type of Business (Mfg, Commercial, etc.) ______________________________

Fiscal Month ending: ____________________

Name of Person Responsible for Filing Forms: ______________________________

Title: ______________________________

Telephone: ______________________________

Signature: ______________________________ Date: __________

Date Received: __________ Filed _____ Forwarded _____