



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: _____

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!

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 _____