



# City of Cincinnati Income Tax Division Contractor Account Application

**Complete this form and send to:**  
Cincinnati Income Tax Division  
805 Central Avenue Suite 600  
Cincinnati, OH 45202-5756  
Phone: (513) 352-2546 Fax: (513) 352-3855  
Website: [www.cincinnati-oh.gov/citytax](http://www.cincinnati-oh.gov/citytax)

## Account Type 17

<b>Company Name:</b> _____ Doing Business As: _____ <b>Company Address:</b> _____ City/State/Zip Code: _____ Phone Number: _____ FAX No.: _____ <b>SSN:</b> _____ <b>Federal ID No.:</b> _____ Contact Person: _____	<b>Registration Number</b> _____  <b>Cincinnati Location (If different than Company Address):</b> Street Address: _____ City/State/Zip Code: _____ Local Phone Number: _____ E-Mail Address: _____ Local Contact Person: _____
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**Type of Business Entity** (Check the box that applies to your business):

<input type="checkbox"/> Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> LLC	<input type="checkbox"/> Single Member LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> Voluntary Withholder	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Other _____	

(Specify)

**Nature of Business:** \_\_\_\_\_ **Fiscal Year End** (*Jan through Dec*): \_\_\_\_\_

Will your company conduct business within Cincinnati?  YES  NO

If so, when will you begin doing business within Cincinnati? \_\_\_\_\_  
Date

Will you have employees subject to Cincinnati withholding tax?  YES  NO

If so, when will the withholding activity begin? \_\_\_\_\_  
Date

Will your withholding payments exceed \$300 per month?  YES  NO

If you use a payroll company, please provide the name of the payroll company. \_\_\_\_\_

Please provide your payroll company contact person's name and telephone number. \_\_\_\_\_

**Corporation:**

Name	Residential Address	Social Security Number
President: _____	_____	_____
Treasurer: _____	_____	_____

**Partnership** (attach additional sheets if necessary):

Partner's Name	Residential Address	Social Security Number
_____	_____	_____
_____	_____	_____

**Sole Proprietorship (including Single Member LLC):**

Owner's Name	Residential Address	Social Security Number
_____	_____	_____