

CITY OF KENTON, OHIO

INCOME TAX DEPARTMENT

P.O. BOX 220

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KENTON, OHIO 43326

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Forms available on our website kentoncity.com

BUSINESS REGISTRATION

BUSINESS NAME: _____ FID or Soc. Sec. # _____

BUSINESS ADDRESS: _____ TELEPHONE # _____

_____ E-MAIL: _____

MAILING ADDRESS (if different from above) _____

NAME OF PERSON TO CONTACT REGARDING THIS ACCOUNT _____

BUSINESS TYPE: () SOLE PROPRIETORSHIP () CORPORATION () OTHER _____

() PARTNERSHIP *Please list names and addresses of all partners on reverse side.

ACCOUNTING PERIOD: () CALENDAR YEAR () FISCAL YEAR ENDING MONTH _____

TYPE OF BUSINESS: _____

APPROXIMATE STARTING DATE (of Kenton project) _____

EXPECTED COMPLETION DATE _____

WILL SUBCONTRACTORS BE USED? _____

COMPLETED BY: _____ TITLE: _____ PHONE # _____

DATE: _____

The above information is necessary for the completion of our records. Please answer all questions fully and return this form to our office within ten (10) days from receipt. All information is confidential and will only be used for income tax purposes. Your cooperation is greatly appreciated. If you have any questions regarding Kenton income tax, please contact our office.