

# CITY OF UPPER SANDUSKY

INCOME TAX DEPARTMENT

P.O. BOX 45

119 NORTH SEVENTH STREET

UPPER SANDUSKY, OHIO 43351

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## BUSINESS REGISTRATION

BUSINESS NAME: \_\_\_\_\_ FID or Soc.Sec. # \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

email: \_\_\_\_\_

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 Upper Sandusky 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 Upper Sandusky income tax, please contact our office.