

City of Trenton Tax Department, 11 East State St., Trenton, OH 45067

Phone: (513) 988-6304 ext. 158 Fax: (513) 988-5776

1. NAME _____ PHONE NO. _____
2. TRADE NAME (if any) _____ FAX NO. _____
3. ADDRESS _____
4. FEDERAL IDENTIFICATION NO. _____
5. SOC. SEC. NO. _____
6. GIVE DATE WORK OR BUSINESS BEGAN IN THIS CITY _____
7. Name and Address where tax forms are to be sent (if different from above) _____

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8. Check whichever is applicable: Individual Proprietorship _____ Partnership _____ Other (explain below) _____
Non-Profit Organization _____ Corporation _____ LLC _____

Do you have employees subject to income tax for the entity indicated at the top of this form?

Yes _____ Approximate # _____ None _____

Does your accounting period end on December 31st? Yes _____ No _____

If a fiscal year, give day and month of fiscal year end. _____ NOTE: (A fiscal year ending cannot be used unless used for your federal return.)

9. If you operate more than one place of business or own rental property, please give name and/or location of each. If more space is required, use the reverse side of this form.

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10. If a partnership, please give name, address, and social security numbers of all partners. If more space is required, use the reverse side of this form.

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11. Are you conducting business within the City of Trenton? Yes _____ No _____

12. Are you only withholding city income tax as a convenience for resident employees? Yes _____ No _____

13. Contact person _____ Date _____

Brief description of company's scope of work: _____

15. If the work is performed offsite, please supply the address. _____

You are required to furnish this information within ten (10) days of receipt in order for your account to be properly evaluated.