



CITY OF DUBLIN BUSINESS REGISTRATION

The information requested on this form is essential to the establishment of your account and will be held in strictest confidence. Please complete and return this form to the City of Dublin Division of Taxation. The form can be mailed to P.O. Box 9062, Dublin OH 43017-0962. You may also fax it to 614-410-4956 or email it to taxinfo@dublin.oh.us. If you have any questions, contact our office at 614-410-4460.

Today's Date: _____

Business Name _____ Federal EIN _____

DBA: _____

Mailing Address _____ City _____ State _____ Zip _____

CONTACT PERSON FOR ACCOUNT: _____

Phone _____ FAX _____ Email _____

LOCATION OF BUSINESS WITHIN THE CITY OF DUBLIN (REQUIRED)

☐ *Check here if setting up account ONLY for employees working from home in the Dublin taxing jurisdiction (confirm addresses on Dublin Address Checker available on our website, www.dublinfox.com). If you only have employees working from home; the location of business in Dublin address is not required but you MUST attach a spreadsheet with employee names & addresses.*

Date Operations began in Dublin _____ # of Employees in Dublin _____

Dublin Address _____ City _____ State _____ Zip _____

Local Phone _____ Local FAX _____ Local Email _____

WITHHOLDING

PLEASE CHECK THE APPROPRIATE BOX:

Federal EIN _____

☐ Employees work within the city limits of Dublin - the withholding rate is 2.0%.

☐ Business performs no work in the City of Dublin. We will be withholding additional taxes from residents as a courtesy (up to 2.0% rate).

☐ Account set-up is based on business activity ONLY. No employees physically work in the City of Dublin.

Are you using a payroll service*? ☐ Yes ☐ No Name of Payroll Service: _____

Payroll Contact Name _____ Contact phone number _____

**If your payroll provider requires verification of your Dublin account number, fax them a copy of this form to verify that Dublin uses your Federal EIN as your account number.*

PLEASE INDICATE THE FREQUENCY OF WITHHOLDING:

☐ Quarterly (under \$200.00/month) ☐ Monthly (over \$200.00/month) ☐ Semi-Monthly (over \$1000.00/ month)

TYPE OF ORGANIZATION (Please check one):

Federal Form Filing Type: ☐ Corporation (1120) ☐ S-Corporation (1120S) ☐ Partnership (1065) ☐ Non-Profit ☐ Sole Proprietor (C)

NET PROFIT (Corp, S-Corp, Partnership)

Nature of Business _____ NAICS Code _____

The company will be filing a consolidated return as _____ EIN _____

List Corporate Officers and/or Owners name and Social Security Numbers: (Attach an additional list if necessary)

Name _____ SSN _____

Mailing Address _____ City _____ State _____ Zip _____

SOLE PROPRIETOR (Schedule C)

Sole Proprietor Name: _____ SSN _____