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 it to the City of Dublin Taxation, P.O. Box 9062, Dublin OH 43017-0962 within 10 days. If you have any questions, please contact the City of Dublin Taxation at 614-410-4431. If you would prefer to fax the form do so at 614-448-9454. The form can also be emailed to **taxinfo@dublin.oh.us**.

NET PROFIT

Type of Organization (Please check one)   Date _____

☐ **Corporation** ☐ **S-Corporation** ☐ **Partnership** ☐ **Non-Profit** ☐ **Sole Proprietor** ☐ **Other (Please explain)**_____

COMPANY NAME_____**EIN #** _____
(**DUBLIN ACCOUNT NUMBER**)

DBA _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Fax** _____ **Email** _____

NAICS Code _____ **(1120 Schedule K line 2A; 1120S Box B; 1065 Box C) Type of Business** _____

If a Limited Liability Company (LLC) will the Partnership or Partners file? _____

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** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

LOCATION OF BUSINESS IN THE CITY OF DUBLIN (Mandatory) :

Street Address _____ **City** _____ **State** _____ **Zip** _____

Local Phone # _____ **Local Fax #** _____ **Email** _____

Date Operations began in Dublin _____ **Number of Employees** _____

SOLE PROPRIETOR

If you are a Sole Proprietor and also do not have employees, please complete the following only. If you have employees complete the withholding portion of this form.

NAME _____ **SSN#** _____

Street Address _____ **City** _____ **State:** _____ **Zip:** _____

Phone Number _____ **Fax** _____ **Email** _____

WITHHOLDING:

PLEASE CHECK THE APPROPRIATE BOX: **EIN #** _____
(**DUBLIN ACCOUNT NUMBER**)

☐ **Employees work within the city limits of Dublin - the withholding rate is 2%.**

☐ **Business performs no work in the City of Dublin. We will be withholding taxes from residents as a courtesy.**

☐ **NO EMPLOYEES work in the City of Dublin.**

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

Contact Name _____ **Contact phone number**_____

PLEASE INDICATE THE FREQUENCY OF WITHHOLDING:
☐ **Quarterly (under $200.00/month)**   ☐ **Monthly (over $200.00/month)**   ☐ **Semi-Monthly (over $1000.00/ month)**

IF YOUR PAYROLL PROVIDER REQUIRES VERIFICATION OF YOUR DUBLIN ACCOUNT NUMBER, FAX THEM A COPY OF THIS FORM TO VERIFY DUBLIN USES YOUR EIN AS OUR ACCOUNT NUMBER.

CONTACT PERSON FOR ACCOUNT: _____ **Phone #** _____

ALL FORMS ARE AVAILABLE ON OUR WEB SITE: www.dublintax.com Dublin is not a pure zip code please call for verification of address if you are not sure of the location.