

**FORM
48****Regional Income Tax Agency
Business Registration Form****800.860.7482
TDD 440.526.5332
ritaohio.com**

Municipality _____



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Business Type

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> S-Corp	<input type="checkbox"/> Estate & Trust
<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor / LLC
<input type="checkbox"/> Partnership	

Reason for Registration

<input type="checkbox"/>	Courtesy withholding for an employee's resident municipality
<input type="checkbox"/>	Doing business within the municipality this year (temporary)
<input type="checkbox"/>	Approx. # of days _____
<input type="checkbox"/>	Business with a fixed location Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____

Federal ID #: _____

Address: _____

SSN : _____

City/State/Zip: _____

(required if sole proprietor)

Mailing Address (for withholding tax forms / if different from above)

Mailing Address (for net profit tax forms / if different from above)

*Please note that your Federal Identification Number will serve as your RITA account number.

Filing Status:

 Calendar year Fiscal year / month ending _____Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster)
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year)

 Yes No Yes No**Contractors**I am a contractor Yes NoWill you be using sub-contractors? Yes No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____

Title _____

Phone Number _____

/ /

Signature _____

Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

**Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900**ritaohio.com**Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536**

Sub-contractor Name / Address	Contact Name	\$
	Phone Number	Contract Amount
	EIN or Social Security #	Estimated Start Date
		Trade
Sub-contractor Name / Address	Contact Name	\$
	Phone Number	Contract Amount
	EIN or Social Security #	Estimated Start Date
		Trade
Sub-contractor Name / Address	Contact Name	\$
	Phone Number	Contract Amount
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Sub-contractor Name / Address	Contact Name	\$
	Phone Number	Contract Amount
	EIN or Social Security #	Estimated Start Date
		Trade
*If more space is needed, you may attach a separate schedule that includes <i>ALL</i> of the required information listed above.		